CMIPS II
REQUEST FOR PROPOSAL

Section 6
TECHNICAL REQUIREMENTS –
System Requirements Specification (SyRS)

.

TECHNICAL REQUIREMENTS

System Requirements Specification (SyRS)

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1 INTRODUCTION

This System Requirements Specification (SyRS) defines the technical requirements for the In-Home Supportive Services/Personal Care Services Program (IHSS/PCSP) Case Management, Information, and Payrolling System, to be known as CMIPS II. The Contractor will develop and maintain CMIPS II to meet the technical requirements defined in this Request for Proposal (RFP). The primary focus of CMIPS II is to replace the Legacy CMIPS with a core system that continues the same functionality but is enhanced to meet the requirements of new legislation and policy. Although the core system will continue the same basic functionality, the State expects improved user interfaces and business processes due to improved technology.

Bidders may take advantage of innovations in Information Technology that have occurred since the design and implementation of the Legacy CMIPS System. These technical innovations may include, the following:

- Intelligent Workstations
- Graphical User Interfaces (GUI)
- Local and Wide Area Network technology (LAN and WAN)
- Relational Data Base Management Systems (RDBMS)
- Development Productivity Tools
- Web Technologies
- Security Technologies

Once CMIPS II is operational, the system will be routinely updated to meet daily business requirements as stated in Section 6, TECHNICAL REQUIREMENTS - Statement of Work (SOW), hereinafter referred to as Section 6, SOW, Paragraph 4.3, System Maintenance and Enhancements.

2 SECTION OVERVIEW

This SyRS contains the technical requirements pertaining to the proposed system as described in Section 4, PROPOSED SYSTEM. The SyRS is the basis for all subsequent system documentation to include the General System Design, Detailed System Specification, Test Plans, and Test Procedures. The SyRS is a living document; the State will update this SyRS to reflect significant changes to CMIPS II requirements throughout the system life cycle.

Paragraph 4, Assumptions and Dependencies, lists the assumptions and dependencies affecting design or implementation. Paragraph 5, Design and Implementation Constraints, lists the system constraints that must be included in the design and implementation of the system for CMIPS II. Paragraph 6, User Roles, describes the users and workload characteristics. Paragraph 7, Operating Environment/Architecture, describes the physical environment for CMIPS II including hardware, software, county infrastructure, networks, and user interfaces. Paragraph 8, System Administration, describes the administration and security requirements. Paragraph 9, System Performance, describes the performance requirements, including availability and response times. The remaining paragraphs describe the system requirements by business function.

3   REFERENCE DOCUMENTS

All documents referenced in this Section can be found in Appendix B, Bidder's Library References. Appendix B contains a full listing of all reference documents found in the Bidder's Library in Sacramento. Appendix B also contains hyperlinks to documents available through the Internet.

4   ASSUMPTIONS AND DEPENDENCIES

1. All counties will purchase, install, and maintain desktop computers, printers, and networks that meet the minimum system requirements stated by the Contractor in the proposed system.

2. Each county will support the infrastructure hardware and software within the county.

3. Each county will support the county intra-county network as defined in Paragraph 7.3.2, Local Area Network (LAN).

4. The counties will have their equipment and infrastructure ready in time to meet the CMIPS II implementation schedule defined in the Statewide Implementation Plan.

5. Counties will train their employees on general personal computer concepts for word processing, spreadsheets, Email, and Internet browsers prior to implementation.

6. All county IHSS/PCSP offices will be successfully connected to the Health & Human Services Data Center (HHSDC) in time to meet the CMIPS II implementation schedule defined in the Statewide Implementation Plan. An exception to this is counties that have facilities that, due to cost, will connect to the system remotely over dialup lines or the internet.

7. All counties will support a single manufacturer's Internet browser, currently Microsoft Internet Explorer version 5.5 or higher.

8. To ensure all current business rules are identified and implemented in CMIPS II, the Contractor shall have access to the Legacy CMIPS code and documentation. Since some system documentation resides in the Incumbent Contractor's development tool, Coolgen, the Contractor shall have access to Coolgen as needed to identify and validate all automated business rules.

5   DESIGN AND IMPLEMENTATION CONSTRAINTS

1. The scope of this Contract does not include providing personal computers and local area network hardware and WAN/LAN router connections to the county offices; however, the CMIPS II design should maximize use of existing county equipment to minimize fiscal impact to the county budgets. A listing of county equipment can be found in Artifact 8 – Infrastructure Surveys, located in the Bidder's Library.

2. Although automation of timesheet data capture is a requirement, a constraint on the solution is that physical paper timesheets signed by both the Provider and Recipient must be retained. Timesheets will be stored after processing as defined in Section 6, SOW Paragraph 4.6.3.7 Timesheet Processing.

6   USER ROLES

Several different organizations will need user access to CMIPS II. Each organization will have a variety of user roles. These organizations, or classes of users, have been identified who will use the application and/or data, including:

1. County Welfare Departments
2. California Department of Social Services
3. Department of Health Services
4. Public Authorities or equivalent entities

Within each class of users, individual users will have varying roles and responsibilities that are defined in Paragraph 8.1.1, Application Security Architecture. In addition, the user base will require several types of access to the application, including:

- Locally via the county/HHSDC network
- Remotely via a direct dial telephone connection to HHSDC
- Remotely via a secure Internet connection

6.1   County Welfare Departments (CWD)

County Welfare Departments administer the IHSS/PCSP Program. Typically, each county is anticipated to have roles of Manager, Supervisor, Social Worker, Payroll Clerk, Fiscal/Accounting, and Administrative Support. Some counties may also have roles of Nurse, Provider Coordinator, County Contract Coordinator, Homemaker, Homemaker Supervisor, and Fraud Investigator roles. The definitions below are examples of types of tasks and functionality within CMIPS II anticipated to be utilized by these roles.

1. Managers receive Legacy CMIPS System reports for Management Information functions and perform inquiries.

2. Supervisors receive Legacy CMIPS System reports for Management Information and Case Management functions, review and approve IHSS/PCSP cases, perform inquiries, and update cases as necessary.

3. Social Workers (SW) assess Recipients need for services, complete and review Legacy CMIPS System forms, document case notes, update case records in the Legacy CMIPS System, and receive reports, and perform inquiries.

4. Payroll Clerks receive and review timesheets, enter and verify time for the Individual Providers, enter data from timesheets, perform inquiries, and enter special transactions.

5. Fiscal/Accounting Clerks perform data entry duties for the Legacy CMIPS System. They access CMIPS for data entry, inquiries, and printing.

6. Administrative Support: Additional support positions may access Legacy CMIPS System for inquiries and printing. These positions include:

   a. Clerical staff directs requests for service, distribute reports and forms, and archive timesheets.

b. Departmental analysts support managerial and administration staff with program/system statistics gathering, and project support.

c. Technical support staff provides computer support to IHSS/PCSP sites and workstations.

7. Nurses may be utilized for the needs assessment process of IHSS/PCSP or documenting case notes.

8. Provider Coordinators aid in referring Providers to Recipients.

9. County Contract Coordinators support the payment process between the county and County Contractors.

10. Homemakers provide services to Recipients.

11. Homemaker Supervisors schedule and approve service hours for Homemakers.

12. Fraud Investigators research instances of alleged IHSS/PCSP fraud.

6.2 California Department of Social Services (CDSS)

The IHSS/PCSP Program is administered within the Adult Programs Branch of the Disability and Adult Programs Division (DAPD). The IHSS/PCSP Program is also supported by administrative services from other CDSS divisions. CDSS Adult Programs has roles of Systems, Fiscal and Administrative, Policy and Operations, Evaluation and Integrity, Estimates, and Research and Development. In addition, the IHSS/PCSP Program is supported by CDSS Fiscal Services and Accounting Bureaus.

1. The Systems Unit oversees the CMIPS II contract with support from HHSDC. The unit monitors the Contractor's efforts, manages changes to CMIPS II, supports tax processing, facilitates the implementation of approved wage increases, and provides customer service.

2. Fiscal and Administrative verifies the calculations on several forms and invoices, reviews and approves Public Authority budgets and rates, maintains the funding source percentage structure between Federal, State and county shares of cost, performs calculations on the Public Authority Individual Provider Payment Billings, and verifies County Contractor rates.

3. Policy researches the issues and risks associated with developing new policy or changing existing policies. Operations provides technical assistance to counties through policy interpretations and county visits.

4. Evaluation and Integrity analyzes CMIPS II information, conducts in-home visits with Recipients to validate the county's assessment of the need for services and the quality of care received, and provides technical assistance to the counties.

5. Estimates prepares cost projections for the budgets and develops caseload and dollar projections for the current and projected budget years.

6. Research and Development provides the Adult Programs management, staff, other State departments, the counties, the media, universities, other outside researchers, legislature, and a variety of others with data for long-term Program evaluation, policy planning, and outcome evaluation.

7. CDSS Fiscal Services and Accounting prepare and authorize the daily payroll claim schedule, receive and review expenditure reports and utilize system data for budgetary tasks.

6.3 Department of Health Services In-Home Operations (IHO)

In-Home Operations staff authorize and pay Waiver Personal Care Services (WPCS) through CMIPS II for eligible Recipients of Home and Community Based Services (HCBS) administered by IHO. IHO staff directly access CMIPS II to enter waiver personal care hours for Providers.

6.4 Public Authorities (PA)

Public Authorities assist Recipients in finding Providers through a registry, investigate qualifications and background of Providers who are placed on their registry, establish a referral system, provide for training for Individual Providers and Recipients, manage Individual Provider benefits, ensure that the requirements of the personal care option of the California Code of Regulations are met, and perform other functions related to the delivery of IHSS/ PCSP.

To perform their duties, the PA may exchange Individual Provider and Recipient information with the county IHSS/PCSP offices. Counties may assign PA user roles for CMIPS II access.

PAs may also offer Individual Providers benefits including health, vision and/or dental insurance. Benefits deduction information may be exchanged between CMIPS II and PA automated benefits management systems.

7 OPERATING ENVIRONMENT/ARCHITECTURE

The goal of CMIPS II is to provide a stable and flexible foundation system that will allow support of the IHSS/PCSP Program as it expands and changes. Use of packaged components and industry standard techniques and tools will allow cost-effective development, implementation, and operation. The State is seeking a modular system with the ability to reuse and upgrade components via different methods as technologies and business change.

An additional goal of CMIPS II is to leverage to the greatest extent possible the Information Technology (IT) infrastructure currently in place throughout the State. This includes the existing county workstations and LANs and the statewide WAN supported by HHSDC.

CMIPS II shall have an "open" architecture in that it will comply with specified, readily available standards that can be connected to other systems that comply with these same standards. The developed system shall be based on industry standards and shall be delivered in a manner that modules can be reused by different mechanisms or access methods, e.g., a timesheet could be entered manually or from an automated solution but could still use the same components of code (object) to add it to the database.

It is envisioned that CMIPS II will compose the core IHSS/PCSP functionality and throughout its lifetime will be enhanced and extended to further improve the business process, customer service and user community productivity. CMIPS II shall be documented in detail including any hardware, Commercial Off-the-Shelf (COTS) software customization, security, and enterprise configuration.

1. CMIPS II shall meet the requirements of applicable Federal and State laws and regulations. In the event that there are contradictions in these requirements, CMIPS II shall meet the most stringent requirement.

2. Components shall not contain any custom components that are proprietary unless those components are COTS products available for sale to the general public. All customization of such products or software development to augment them shall be performed in accordance with the requirements of the contract resulting from this RFP.

3. The State understands that many large applications implemented today are built using COTS components.

4. The payroll requirements of the RFP shall be satisfied using an existing Human Resources/Payroll Package.

5. CMIPS II design shall consider the maintainability of the whole system integrated with a COTS product. The design of any customization to any COTS Human Resources/Payroll Package must take into consideration and minimize the impact to upgrading the COTS Human Resources/Payroll Package.

6. CMIPS II design must consider the varying degrees of connectivity available to the county offices and ensure feasible and cost-effective connectivity for county offices including those at remote locations.

7. CMIPS II shall provide an architectural foundation to support the application over the life span of the contract in terms of platform stability, scalability and the ability to remain current with technological advances without the need to replace the system.

8. CMIPS II shall be component-based and flexible in terms of the ability to add capacity with minimum system downtime and reduce the impact to both users and the State. Resource capacities include CPU, Memory, Disk storage, and I/O throughput.

9. Health Insurance Portability and Accountability Act (HIPAA) of 1996. To the extent and in the manner determined to be applicable by CDSS and DHS, CMIPS II shall be required to comply with HIPAA in cases where State law is not more stringent. The Contractor shall ensure compliance with the act and the following finalized regulations.

    Standards for Electronic Transactions. (45 CFR Parts 160 and 162)

    Standards for Privacy of Individually Identifiable Health Information. (45 CFR Parts 160 and 164)

    Standards for Security (45 CFR Part 160,162 and 164)

    The Contractor shall ensure that the State is in compliance with the following proposed rules when they are finalized, including:

    National Standard Employer Identifier (45 CFR Part 142)

7.1 Central System

1. All hardware and software shall have all specifications documented in detail including all system components, configurations, and peripheral equipment. Documentation shall include, but is not limited to, technical specifications, maintenance and operation procedures, and technical and user documentation.

2. The server hardware configuration shall be designed to meet or exceed the minimum requirements as defined in Paragraph 9, System Performance.

3. Server requirements shall include capacity in all core elements, including but not limited to CPU, memory, and disk space, to support the requirements in Paragraph 9, System Performance and have not less than twenty (20) percent free resources throughout the duration of the contract.

4. All software, to the extent it is commercially available, shall be COTS or customized COTS products supported by the software manufacturer. Fully developed software is not a desirable solution unless there is no COTS or customized COTS software to support the specific application.

5. All network communications shall be based on the TCP/IP protocol.

6. The operating system shall support at a minimum, a C2 rating under the Trusted Computer System Evaluation Criteria published by the NCSC (5200.28-STD). DEPARTMENT OF DEFENSE, TRUSTED COMPUTER SYSTEM EVALUATION CRITERIA, DOD 5200.28-STD, published by the National Computer Security Center (NCSC) or its equivalent under the Common Criteria Evaluation and Validation Scheme (CCEVS).

7.1.1 Database Requirements

1. A Relational Data Base Management System (RDBMS) shall be used as the data storage repository facility for the application data to be retained to operate CMIPS II.

2. The RDBMS shall include support for the following:

a. Row level locking
b. Replication
c. Triggers
d. Constraints
e. Stored Procedures
f. Physical and Logical Partitioning.

3. All system data elements shall be fully defined and described in a Data Dictionary.

4. The RDBMS shall support extended data types such as binary images, audio, and video.

5. In case of failure, the RDBMS shall have the ability to recover to the last committed transaction.

6. In case of failure, the RDBMS shall have the ability to recover to a specified point in time.

7. The RDBMS shall support automated dynamic query optimization.

8. The RDBMS shall have the functionality to allow maintenance and management operations to be performed while the application is active, e.g., backups, optimization etc.

9. The RDBMS shall have the security functionality to grant levels of access to single and/or groups of users to specific areas of the schema.

10. The RDBMS shall have the functionality to perform internal automatic integrity and corruption monitoring, reporting and notification.

7.1.2 Housing and Operating CMIPS II

The State intends to operate CMIPS II internally at HHSDC, pursuant to the State Administrative Manual (SAM), Section 4982.1. HHSDC maintains existing trained staff and processes to support a variety of systems environments. These platforms are defined below. To support the maintainability of CMIPS II, the Contractor shall design the system to utilize one of the HHSDC supported platforms. HHSDC supported platforms and services can be found in Artifact 16 – HHSDC Service offerings.

7.1.3 Development Tool Requirements

1. All development and associated support tools across CMIPS II including, at a minimum, the client, middleware, and server systems shall be clearly identified and their use in CMIPS II documented.

2. The development tools shall apply a modular approach to design and development such that software modules or objects can be reused and/or accessed via different methods i.e., from different programs.

3. The tools selected shall provide the architecture and an environment that shall be an effective platform for development and will produce a system that supports CMIPS II Quality Attributes (SQA).

4. In addition, all software components used to support development shall be identified including functional and technical specifications and reasons for use. This shall include at a minimum:
   a. Change Management
   b. Configuration Management
   c. Design
   d. Data modeling
   e. Transaction Analysis
   f. Development
   g. Testing
   h. Release
   i. Capacity Planning and Simulation Modeling.

7.1.4 System Management Tools

1. To provide an effective management solution all tools to be used in management and monitoring of CMIPS II shall be identified and have technical and functional descriptions with reasons for use. This shall include tools at a minimum for:

    a. Infrastructure monitoring (hardware, software and application)

    b. Performance monitor(s) and tools

    c. Report distribution

    d. Interface management

    e. Database monitoring and management

    f. Middleware monitoring and management

    g. Job Scheduler.

2. In addition the management system shall integrate with the tools used by the Data Center for:

    a. Backup and recovery

    b. Enterprise management.

3. The management and monitoring tools shall integrate with current Data Center operations management tools that are available in the Bidder's Library, Artifact 16 – HHSDC Service Offerings.

7.1.5 Issue Tracking System

1. An automated issue tracking system shall be implemented. This system shall have the following functionality at a minimum:

    a. A repository for issues management and reporting

    b. The ability to categorize and prioritize issues

    c. The ability to assign issues to teams or specific people

    d. The ability to track the status of each issue and status date changes

    e. The ability to maintain access and access levels to CMIPS II at both the individual and group levels

    f. The ability to send notification of past due activities and issues with overdue resolutions

    g. Track metrics to support the monthly reporting requirements as defined in Section 6, SOW, Paragraph 4.4.9, Customer Service/Help Desk

    h. The ability to record issue resolutions

    i. The ability to track historical events/actions for issues.

7.2 County Infrastructure

CMIPS II shall have documented minimum requirements for each. The goal of the State is to maximize the ability for the counties to leverage current infrastructures.

7.2.1 Workstation Configuration

1. The Contractor shall specify the minimum requirements for the client workstation. The workstation shall be able, at a minimum, to support the concurrent activation of:

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    a. CMIPS II application

    b. Email, Calendar and task management

    c. The county automated Welfare System

    d. DHS Medi-Cal Eligibility Determination System (MEDS) via TN3270 emulation.

2. Minimum client workstation requirements shall state the capacity in all core elements, CPU, memory, and disk space for at least three (3) years of client side application and caseload growth. Estimations of caseload growth can be found in Artifact 12 – Research and Development Estimated Caseload Growth, located in the Bidder's Library.

3. All hardware shall be energy efficient and configured properly for automatic energy-saving features as per current ENERGY STAR specifications that can be found at www.energystar.gov.

4. Workstations shall include, at a minimum, the following configuration:

    a. Monitor

    b. 104 key keyboard

    c. Pointing Device

    d. Network Interface Card

    e. CPU.

7.2.2 Workstation Software

There are several requirements to be considered regarding client software on workstations that will be accessing CMIPS II:

1. The standard for current client operating systems is the Microsoft Windows series.

2. The client application shall be required to co-exist with 3270 emulation, which the users need to access MEDS.

3. The client application shall be required to co-exist with the County Welfare Eligibility (SAWS) applications. These applications are currently two (2) Powerbuilder client applications (different major versions), one (1) Mapper based, or one (1) thin-client web application.

4. To support compatibility with other applications on the client workstation, the client application shall have a thin-client architecture.

5. The client footprint components shall be documented including the size of each component to be distributed to client workstations.

6. CMIPS II shall allow backward compatibility of the client application software for the current and one previous major version of the client workstation operating system. Details of current and prior version of Microsoft operating systems can be found at www.microsoft.com.

7.2.3 Workstation Software Distribution

It is a goal to minimize the need to configure, manually distribute, and maintain workstation software.

1. CMIPS II shall automatically distribute client software without the need for user intervention.

2. CMIPS II shall ensure workstation software is distributed in a time-efficient way that also minimizes impact on network traffic.

3. CMIPS II shall ensure that a client workstation has the correct version of all application components and if it not, shall provide the user the option of upgrading the client application or exiting the application.

7.2.4 Printers

1. All IHSS/PCSP CMIPS II printers shall support, at a minimum:
   a. Black and white letter quality print
   b. Black and white image printing
   c. Monthly volume of not less than 60,000 pages per month
   d. All hardware shall be energy efficient and configured properly for automatic energy-saving features as per current ENERGY STAR specifications that can be found at www.energystar.gov.
   e. Resolution of not less than 600 dpi
   f. Capability to generate the format and content of all IHSS/PCSP CMIPS forms including letterheads, signatures, graphic, and county header information
   g. The ability to print large print (Arial 18 point) for the visually impaired
   h. Speed of no less than fifteen (15) pages per minute
   i. Network interface
   j. TCP/IP connectivity and Novell SPX/IPX support
   k. Support, at a minimum, the industry standard document types PCL, Adobe, Postscript, and the proposed forms generation software
   l. The requirements defined in Paragraph 7.8, Forms Architecture, and Paragraph 16, Forms
   m. Sufficient input trays to support both "letter" (8.5" x 11") and "legal" (8.5" x 14") size paper
   n. An operational speed and capacity sufficient to complete printing of all overnight forms and reports before 6:00 AM the next day
   o. Have sufficient input and output tray capacity to print all overnight forms and reports unattended
   p. Support duplex printing.

7.3 Communication Network

The network infrastructure will be implemented and supported by the individual State and county entities not the Contractor. HHSDC will support the internal backbone and connectivity to the county. Each county will support the network infrastructure within their county. Some county sites may elect to connect to the application over the Internet.

7.3.1 Wide Area Network (WAN)

CMIPS II shall utilize the statewide wide area network supported by HHSDC including the core network within HHSDC. This network provides connectivity between HHSDC and at least one county POP router in each county. Connectivity within the county from the POP will be the responsibility of the individual county.

7.3.2 Local Area Network (LAN)

1. CMIPS II shall leverage the existing county internal communications architectures. The LAN in each county, including any intra-county WAN links, will be implemented and supported by the individual counties.

2. Minimum specifications for the county LANs that will be required to meet performance requirements as specified in Paragraph 9, System Performance, and shall be documented by the Contractor in sufficient detail to allow County technical representatives to assess their network requirements.

7.3.3 Remote Access

It is anticipated that the majority of users will access the application via the county networks and HHSDC WAN. However some mobile users and users in remote offices not connected via this network will require access to CMIPS II.

1. CMIPS II shall support user access using both a dial-up and secure Internet connection services supported by HHSDC.

7.4 Development and Test Systems

The Contractor shall for specify, design, maintain and operate all hardware and software, located externally to HHSDC, used in the software development lifecycle. This will include but is not limited to all servers, workstations, printers and LAN.

1. CMIPS II shall test any functionality that will be introduced into the production system.

2. At minimum one test system shall reside with the production server at the data center under the same configuration management process as the production server. This server will be used for application compatibility testing.

3. The development and test systems shall enable effective and efficient software development and support specific development and test system requirements defined in Paragraph 9, System Performance.

4. The Contractor shall be responsible for maintaining and operating all development systems that are located outside the data center, e.g., development systems.

7.5 User Interface

1. A user-friendly color Graphical User Interface (GUI) shall be required for presentation of CMIPS II to users. The GUI shall be consistent throughout CMIPS II.

2. The GUI shall support common features, such as, pointing device support, pop-up windows, and drop down lists.

3. CMIPS II shall validate and cross-validate each field as it is exited, and provide screen error messages and context-sensitive help.

4. This validation function shall provide two levels of detail. The first level shall identify the incorrect action(s) and general solution. The second level of context-sensitive error and diagnostic messages shall provide the user the option of looking at related subjects by, for example, opening the user manual at the relevant section.

5. CMIPS II shall include techniques that carry pertinent data from screen to screen as well as using default values when appropriate. CMIPS II shall be required to access the database or memory for information rather than require reentry of information already in the database.

6. CMIPS II shall provide an automated mechanism for a user to transfer data to and from the application to other industry standard office products, including the Microsoft Office suite and Lotus Notes Suite, e.g., support for a "copy/paste" function.

7. All error messages and context sensitive help shall have correct spelling and grammar in U.S. English.

8. All error messages and context sensitive help shall be consistent in: screen location, font, color, format, text case, and style.

9. All error messages and context sensitive help presented to the user shall be non-technical and phrased as simply as possible to aid the user in identifying the problem. In addition to all other State approvals, all error messages are subject to State approval.

7.6 Help Sub-System

1. CMIPS II shall provide a comprehensive context-sensitive help subsystem that can be accessed both from the function in question and independently from a menu.

2. The help subsystem shall provide a Table of Contents, multiple index levels, and full text search.

3. The help subsystem shall provide cross reference and online access to IHSS/PCSP regulations, IHSS/PCSP policy and procedures by issue, the W&IC related to IHSS and PCSP, and the IHSS/PCSP CMIPS User's Manual.

4. The help subsystem shall have correct spelling and grammar in U.S. English, and shall be consistent in font, color, format, text case, and style.

7.7 Exception Handling

Exception handling is the automated processes CMIPS II will support to handle system exceptions, other than those business validation errors that are passed back to the user. The goals for exception handling in CMIPS II are:

- To provide effective and consistent communication with the user
- To provide effective and consistent communication with the helpdesk and technical support staff
- To support an effective and responsive exception handling and resolution process.

7.7.1 Online Exception Handling

1. CMIPS II shall encompass a solution for the logging, notification, reporting and accessing exceptions. Each exception logged shall include, at a minimum, the following information in U.S. English:
   a. Username
   b. Date/Time
   c. Error text sent back to the user
   d. System Error Code
   e. System Error Message
   f. Database table(s) being accessed
   g. Database access key(s) where database interaction is involved, to identify potential database issues
   h. Source Code Module in use
   i. Identification as to which function within the module was being executed.

2. In addition, exceptions on the client, server and middleware platforms involved in any business transaction shall be centrally located.

7.7.2 Batch Exception Handling

1. CMIPS II shall provide an effective and efficient solution for logging, notification, reporting, and accessing exceptions. Each exception logged shall include, at a minimum, the following information in a U.S. English format:
   a. Username
   b. Date/Time
   c. System Error Code
   d. System Error Message
   e. Database table(s) or files being accessed
   f. Database or file access key(s), where database interaction is involved, to identify potential database issues
   g. Source Code Module in use
   h. Identification as to which function within the module was being executed.

2. CMIPS II batch processes shall integrate with the job scheduler to halt further processing when necessary and shall prevent any dependent processes from being executed.

3. Restart capability of the batch processing shall be supported, including the need to synchronize database and files outside of the database management system.

4. Batch processing exception handling shall include the ability to notify an operator or support technician of the failure.

7.8 Forms Architecture

CMIPS II forms architecture has the following requirements:

1. CMIPS II shall print all information contained in Notices of Action on a single sheet of paper except those printed in large font for the visually impaired.

2. When printing multiple copies, CMIPS II shall have the ability to identify how each copy will be distributed, e.g., File, Recipient.

3. CMIPS II shall allow production of a set of forms that are pre-populated with known data and printed on demand or overnight.

4. CMIPS II shall merge data into forms templates.

5. CMIPS II shall automatically trigger generation of specific forms to the county office when they are required by the business requirement, e.g., Notice of Action.

6. CMIPS II shall print county specific static information and/or signatures on certain forms as required by the County.

7. CMIPS II shall minimize forms traffic over the WAN.

8. All reports and forms shall be printed on plain paper that is letter or legal size.

9. CMIPS II shall have the ability to allow a user to retrieve a blank template and fill it in at the workstation before printing it on demand.

10. Support printing alternate language for forms on all printers, as defined in Paragraph 7.8.1, Language Support.

7.8.1 Language Support

1. Although U.S. English is the only language required for system reporting and internal business communication, CMIPS II shall be capable of providing, and shall provide forms in languages other than the U.S. English Language. As determined by the State, CMIPS II shall:

   a. Produce forms in both Roman and non-Roman characters

   b. Produce forms in the following languages, U.S. English, Armenian, Cambodian, Cantonese, Farsi, French, Hmong, Korean, Laotian, Mandarin, Russian, Spanish (Mexican), Tagalog, and Vietnamese

   c. Generate alternate language forms in the primary language of the Recipient identified in the database for the languages identified previously.

7.9 External Interface Architecture

1. CMIPS II shall integrate with existing external interface systems in such a way that does not require interface agencies to replace or upgrade hardware, software, or communication infrastructure without their prior approval. Specific interfaces are defined in Exhibit 6 SyRS-1, Interfaces.

2. All external interface mechanisms shall provide loose integration with the main application. This will provide a layer of isolation between the interface and the application to minimize impact of change.

3. All interfaces shall be electronic, i.e., network transfers, where practical and as determined by the State.

4. All interfaces shall provide guaranteed and once-only delivery.

5. All interfaces shall have the capability to have more than one software version of the interface active at any one time.

6. The test system shall be capable of fully testing each interface including transmission and receipt.

7. CMIPS II shall provide functionality to centrally manage all interfaces system wide.

8. Some county partners will not have the ability to automatically receive or send data electronically. CMIPS II shall have the ability to enable or disable an interface with a specific partner or alternatively allow transfer via different media.

9. The external interface architecture shall include media devices and removable media to read and create interface files that are compatible with interface agencies equipment.

10. For all interfaces with Business Associates, CMIPS II shall comply with the HIPAA privacy and security rules. For further definition of the data and retention requirements for these activities the relevant parts of the HIPAA privacy and security rules should be referenced as defined in Paragraph 7, Operating Environment/Architecture.

7.10 Reporting Architecture

CMIPS II shall provide a series of online monitoring, viewing, and reporting options. This will allow for qualitative and quantitative analysis of data by IHSS/PCSP staff. CMIPS II shall provide reporting capabilities for all critical business functions as identified in Artifact 6 - Reports, located in the Bidder's Library. Reports are defined both as readable formatted reports for distribution on paper and/or alternate media and data in a format that can be imported into standard office tools.

1. CMIPS II shall provide the user community the same reporting functionality as the Legacy CMIPS at a minimum. It is neither a requirement nor the intent that the Legacy CMIPS reports be replicated by redevelopment in CMIPS II. The reports generated by the Legacy CMIPS System and their designation as mandatory or optional functionality in the CMIPS II are summarized in Artifact 6 – Reports, located in the Bidder's Library.

2. In addition to the current functionality the following reporting requirements have been identified:

   a. CMIPS II shall have the ability to print the current function the user is working with in the application, i.e., Screen Print.

   b. The ability of a user role to generate reports shall be secured in the same manner as described in Paragraph 8.1.1, Application Security Architecture.

   c. CMIPS II shall provide users with a reporting tool to run reports or schedule reports to be executed during off-peak hours.

   d. CMIPS II shall provide a reporting tool that allows users to cancel a report run before the end of the job.

   e. CMIPS II shall provide a reporting tool that allows administrators to schedule report production, including:

      i) On-demand

      ii) Daily

      iii) Weekly

      iv) Bi-weekly – every two weeks

      v) Semi-Monthly – twice a month

      vi) Monthly

      vii) Quarterly

      viii) Yearly.

3. The reporting architecture shall provide flexible grouping allowing data to be grouped and sorted by, at a minimum: Social Worker, Social Worker Supervisor group, district office, zip code, and county.

7.10.1   Report Distribution

1. CMIPS II shall provide functionality to allow the setup of flexible report distribution scenarios on a single report or selected group. This functionality:

   a. Shall provide the capability for reports to be printed to a user default or alternate user specified printer

   b. Shall provide the capability for reports to be viewed online

   c. Shall provide the capability to print the entire report or a selected part

   d. Shall provide the architecture to allow reports to be available in a format that can be downloaded to the user's desktop and imported into common office suite products including Microsoft Office Suite and Lotus Notes Suite

   e. Shall include mechanisms in which large files can be compressed before transmission to the user desktop

   f. Shall have the capability to automatically archive reports

   g. Shall provide an alternate electronic solution for report archival to the existing practice by the user community of retaining current reports for longer periods of time by

producing them in microfiche format. CMIPS II shall provide the retrieval of an archived report to be available online in not more than two (2) business days.

7.11 Automated Timesheet Entry Architecture

CMIPS II shall automate the input of time and attendance data from timesheets for payroll. The solution shall reside at one location to which all timesheets will be mailed. The counties will not be burdened with the manual data entry of daily time for each case.

1. The architecture shall support the business requirements defined in Paragraph 12.1.1, Time and Attendance.

7.12 Data Retention/Archive

Data in the CMIPS II system is required to be retained under Federal and State laws. An example of this would be case information which is required to be retained for a period of seven and one half (7.5) years after the last expenditure report is submitted to the Federal Department of Health and Human Services and can therefore be assumed to be a minimum of seven-and-a-half years after the case is closed.

Exceptions to this rule include but are not limited to data that is involved in any legal dispute and data that is subject to Federal or State audit. This data is required to be kept until resolution.

The goal of the State is to have data in one (1) of three (3) states:
- Operational – Data online and used in the day-to-day operations of the program. up to 3 years.
- On-Line Archived – Data that is still required to be accessible online by the user but separated from operational data.
- Off-Line data – Data that is no longer required by Federal or State law or CDSS Policy and can be transferred off-line.

1. Operational Data shall be kept online for a period of three (3) years or for the period of time it has potential to be modified, e.g., Modification of a W-2, whichever is longer.

2. Archived Data shall be retained online for inquiry purposes to support all Federal and State data retention laws, regulations and policies.

3. Data shall be moved off-line from CMIPS II at the point in time it is no longer categorized as archived or operational data.

4. The off-line archive process shall be flexible in the data retention periods specified and shall have the ability to be suspended for purposes of an audit or legal dispute.

5. The system shall have the ability to bring off-line data back online within two business days.

8 SYSTEM ADMINISTRATION

8.1 Security Requirements

CMIPS II shall meet the needs of IHSS/PCSP CMIPS II and HHSDC security functions as defined in the following paragraphs.

8.1.1 Application Security Architecture

1. CMIPS II shall have a two-dimensional security architecture in that any particular user can be assigned;
    a. One or more functional roles that can access or update specific functions or functional groups
    b. One or more views of the data, e.g., the ability to view data for a single office, multiple offices within a county or multiple counties.

The user roles that could be assigned to a user include the roles discussed in Paragraph 6, User Roles. A table showing each user role's associated functions is located in the Bidder's Library in Artifact 4 - User Roles.

8.1.2 User Security Management

Users are defined as not only the people who access CMIPS II but also all accounts that have access to CMIPS II including those that provide support services, e.g., operators, administrators etc.

1. CMIPS II shall support user authentication and authorization.
2. CMIPS II shall support each user having a unique User ID that can be used regardless of physical location or workstation.
3. If CMIPS II has a stateless architecture, a virtual session shall be required for each user to provide authorization and authentication.
4. CMIPS II shall ensure that each User ID has a password that is at least eight characters in length and shall support alphanumeric and special characters.
5. At no point in CMIPS II shall passwords be visible.
6. Passwords shall not be stored in a readable form.
7. Passwords shall expire automatically after a specified period of time, as determined by the State, and the user required to change the password prior to gaining access to CMIPS II.
8. CMIPS II shall automatically deactivate User IDs that have not been accessed in a specified period of time as determined by the State.
9. User IDs that have attempted three consecutive failed logon attempts shall be automatically deactivated by CMIPS II.
10. CMIPS II shall automatically logoff a User ID that has been idle for more than a specified period of time as determined by the State.
11. CMIPS II shall allow the user to change their password.
12. CMIPS II shall allow for pre-expired passwords to be pre-expired.
13. CMIPS II shall retain a history of user passwords and not allow the same password to be reused by a user during any twelve-month period.
14. CMIPS II shall assign a role/functional area to a User ID.

15. Each system function shall check the authority level of a user id and provide an error message if access is denied.

16. CMIPS II shall have the capability to allow a security officer in the county to affect users under their control in the following ways:

    a. Add user ids

    b. Modify user security profiles

    c. Terminate user ids

    d. Deactivate and reactivate user ids

    e. Reset user passwords

    f. Inquire and report on user ids and their roles

    g. Report on account management activities for audit purposes.

8.1.3 System Security

1. CMIPS II shall be able to restrict the access and functionality of all processes and users that are associated with CMIPS II, in addition to online application users. Examples of these processes include scheduled tasks, daemons, batch processes, operators, and support staff.

2. CMIPS II shall be configured and maintained at a minimum C2 rating under the Trusted Computer System Evaluation Criteria: published by the NCSC (5200.28-STD). DEPARTMENT OF DEFENSE, TRUSTED COMPUTER SYSTEM EVALUATION CRITERIA, DOD 5200.28-STD, published by the National Computer Security Center (NCSC) or its equivalent under the Common Criteria Evaluation and Validation Scheme (CCEVS).

3. CMIPS II shall have intrusion detection capabilities.

4. CMIPS II shall detect any attempt to gain or gaining unauthorized access and send notification to a security officer along with any automated action, e.g., disabling an account, regarding the unauthorized.

5. CMIPS II shall detect attempts to perform or performance of unauthorized functions by users with valid access to CMIPS II. CMIPS II shall also send notification to a security officer of these attempts.

6. CMIPS II capabilities shall allow implementation of CMIPS II Data Security Plan that will satisfy State and Federal requirements including the Health Insurance Portability and Accountability Act (HIPAA) of 1996 and State Administrative Manual (SAM), Section 4840 et seq., Information Technology Risk Management Policy.

8.1.4 Security Audit Trail

CMIPS II shall maintain audit trails at CMIPS II and application levels. This is to provide the capability to both audit access to CMIPS II and audit access and modifications of application data. CMIPS II shall record, retain and retrieve the required audit trails.

8.1.4.1 System Audit Trail

1. At an operating system level:

   a. CMIPS II shall audit all changes made to any account within the system with the exception of password modification by the users.

   b. CMIPS II shall, on a monthly basis, provide automated reports documenting changes made to any and all accounts within CMIPS II with the exception of password modification by the users.

   c. CMIPS II shall have the ability to support an audit of any attempts of unauthorized access to CMIPS II.

   d. CMIPS II shall record and maintain the date and time of the last successful and last unsuccessful login attempt on each account.

   e. CMIPS II shall maintain operating system audit data online for not less than one (1) month prior to being archived. Archived data shall be available for not less than six (6) months and shall be retrievable within one (1) business day.

8.1.4.2 Application Audit Trail

At the application level, CMIPS II shall support compliance of Federal and State laws for data confidentiality, privacy, and disclosure including the HIPAA regulations stated in Section 5.2, W&IC §10850 Confidentiality of Individual Data, California Civil Code §1798.24 et seq., Confidentiality and Disclosure of Personal Information.

1. Application audit capabilities shall include the ability to inquire on the last online user to update a business transaction with date timestamp, for all business transactions.

2. CMIPS II shall have the ability to track and report, when information is disclosed to external agencies, including, but not limited to, where the request originated, where the data was sent, and the reason for disclosure.

3. Each audit log record shall contain sufficient key information to identify which records were effected, what effect was made and by which user.

4. CMIPS II shall have the ability to inquire on the audit trail including by Recipient, Provider, Application function, User or date range.

5. CMIPS II shall have the ability to inquire on all audit trail entries for a user selected date range.

6. CMIPS II shall have the application audit trail data available online for a period of not less than three (3) months and available from archive for a period not less than stated in Federal and State regulations. Archived Audit Data shall be retrievable within two (2) business days.

8.1.5 Data Distribution Security

As stated in Paragraph 7.10.1, Report Distribution, and Paragraph 18, Interfaces, there is potential for confidential data to be sent and/or received over the public network and to and from partners who are outside the secure network.

1. CMIPS II shall allow secure transfer of data to and from external partners, which shall include remote users downloading confidential data from CMIPS II.

2. The Data Distribution architecture security shall be based on recognized standards.

3. As these data transfers will transit HHSDC's secure network, routers and firewall, CMIPS II shall comply with HHSDC's network security policies.

9 SYSTEM PERFORMANCE

The following requirements are defined for the production system. Performance requirements specific to development and test systems are defined in Paragraph 9.4, Development and Testing Performance.

9.1 Availability

1. Online availability is defined as one hundred (100) percent of IHSS/PCSP offices connected directly via the HHSDC WAN having full functionality online processing access to the CMIPS II system. The on-line CMIPS II system shall have a minimum scheduled uptime of six (6) days a week (Mon – Sat) during the hours of 6:00 AM to 7:00 PM throughout the operational calendar year. CMIPS II shall be available 99.9 percent of scheduled uptime in any calendar month and 99.9 percent per calendar year.

2. Failures that are not attributable to the Contractor, as determined by the State, shall not be considered as unscheduled downtime for the purposes of availability calculation.

3. Routine maintenance shall be scheduled, documented, communicated to the users, planned to occur during off-peak hours shall not impact online availability or performance.

9.1.1 Operational Calendar Year

1. For the purposes of availability and support the CMIPS II shall be operational every day specified in Paragraph 9.1, Availability, with the exception of the following recognized holidays:
   a. New Year's Day
   b. Presidents Day
   c. Memorial Day
   d. July 4th
   e. Labor Day
   f. Veterans Day
   g. Thanksgiving Day
   h. Christmas Day.

9.2 Online Response

1. User response time is defined as elapsed time:

    a. Starting when the user initiates a processing step from the client workstation, e.g., mouse-click or keyboard entry and

    b. Ending when all data has been passed back to the client workstation, processed, displayed and the client is again available for user interaction.

2. System response time is defined as elapsed time:

    a. Starting when the user request is identified by CMIPS II

    b. Ending when the request has been processed and returned by CMIPS II.

3. Average response time is defined as the average of the response times for all online application transactions within the period specified.

4. Average response time will be monitored for each fifteen-minute period during the hours of availability.

5. Any transaction identified that will exceed the response times stated in Paragraph 9.2.1, System Response Times, and Paragraph 9.2.2, User Response Times, shall require approval of the State prior to implementation, e.g., Reports.

9.2.1 System Response Times

1. The following system response times shall be required:

    a. One (1) second ninety-five (95) percent of the time for any processing that does not interact with the database

    b. One (1) second ninety (90) percent of the time for any process interacting with the database

    c. No response time shall exceed fifteen (15) seconds, e.g., Logon, Application Activation.

9.2.2 User Response Times

1. The following user response times shall be required:

    a. Two second ninety (90) percent of the time for any processing that does not interact with the database

    b. Three seconds ninety (90) percent of the time for any process reading the database

    c. No response time shall exceed fifteen (15) seconds, e.g., Logon, Application Activation.

2. These response time requirements are for users accessing the application over the HHSDC WAN and are not intended for external users including dial-up and remote Internet access.

3. The client application shall support a user typing at forty-five (45) words per minute without lag in character display.

9.3 Performance Monitoring

9.3.1 System Response Monitoring

1. CMIPS II shall continuously monitor and report system response times and shall provide the ability to:

    a. Produce automated monthly summary reports of response time statistics including the metrics defined in Paragraph 9.2.2, User Response Times

    b. Produce automated reports of response time metrics for each fifteen minute period for a date/time range in detail or in summary

    c. Product automated reports of the number of periods in any calendar month that do not meet the performance requirements as defined in Section 9.2.1, System Response Time

    d. Produce automated monthly summary reports of batch processing times for individual steps

    e. Produce ad hoc daily reports upon request

    f. Retain data for six (6) months, at minimum, to allow historical analysis

    g. Report the percentage of successful transactions

    h. Report the percentage of unsuccessful transactions and detail each failed transaction with the reason for the failure.

9.3.2 User Response Times

1. CMIPS II shall have the ability to monitor user response time and report on each component of the enterprise for a client located on the WAN, configured as required in Paragraph 7.2.1, Workstation Configuration and Paragraph 7.2.2, Workstation Software. CMIPS II shall have the ability to activate the user response monitoring ability at the request of the State.

2. These metrics include:

    a. System Metrics

    b. Database Metrics

    c. Middle Tier Metrics

    d. Client Metrics.

    e. Network Metrics

3. The monitoring and reporting ability shall capture the user response time and the time spent in each component of CMIPS II.

9.4 Development and Testing Performance

CMIPS II shall provide sufficient capacity in the development and test systems to allow testing to be conducted without interruption or delay. These systems shall also provide the infrastructure and software tools to allow the requirements of the software development life cycle to function successfully. In addition, the following are specific requirements:

1. User Acceptance Test system(s) shall provide user response times that are not degraded more than fifty (50) percent from the production system requirements.

2. The performance test systems shall have a comparative architecture and sufficient capacity to accurately model the production system for the CMIPS II caseload. The performance test system is not required to include architectural elements of the production system that are

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designed specifically for high availability. Current Caseload numbers can be found in Artifact 1 – Metrics, and forecasted caseload growth can be found in Artifact 12 – Research and Development Estimated Caseload Growth, located in the Bidder's Library.

10 GENERAL BUSINESS REQUIREMENTS

The general business requirements described below apply to all functions of CMIPS II. Refer to Artifact 7 - Information Groupings, located in the Bidder's Library, for a list of information to be collected and entered for the business processes. Refer to Artifact 5 - Recommended Forms, located in the Bidder's Library, for the proposed forms to be used during the business processes.

1. CMIPS II shall capture, track, and display all data in all records required for the user to perform the applicable business functions, as determined by the State.

2. CMIPS II shall accept corrections, changes, and deletions to all data in records, as required by the business functions and after successfully completing system validation.

3. An individual person shall only exist one time in the operational database. However, data archiving procedures may result in some duplication of data. A person may have multiple types or roles, i.e., a Provider may also be a Recipient.

4. CMIPS II shall provide the ability for users to access multiple instances of the application concurrently from the same workstation.

5. CMIPS II shall accept status updates.

6. For all status changes, CMIPS II shall accept the reason for change.

7. All changes that are successfully completed by the user shall be applied to the database online in real-time.

8. CMIPS II shall support all interfaces as defined in Exhibit 6 SyRS-1, Interfaces.

10.1 Online Searches

CWD IHSS/PCSP staff access CMIPS II to determine whether an Applicant is currently receiving IHSS/PCSP services, or has received services in the past. Both Recipient and Provider information shall be available statewide.

1. CMIPS II shall provide the ability to search for a person.
    a. Default search criteria shall include: Social Security Number, full or partial last name, Statewide Client Index (SCI) Client Information Number (CIN), MEDS number, and/or IHSS/PCSP case number
    b. Additional selectable search criteria shall include, but not be limited to: address, first name, date of birth, county, person type (Applicant, Recipient, Provider) and gender.

2. CMIPS II shall have a user interface to provide the ability to search for both Providers and Recipients.

3. CMIPS II shall support "Soundex" (or equivalent), a phonetic coding index that searches on the way a surname sounds rather than the way it is spelled.

4. Recipient searches shall be limited by default to the users own county, but the search shall be available statewide if requested.

5. Recipient searches shall be limited by default to Recipients currently receiving services, but the search shall be able to be expanded to Recipients in any or all statuses' if requested.

6. Provider searches shall be limited by default to Providers registered within the county, but the search shall be available statewide if requested.

7. Provider searches shall be limited by default to Providers currently employed, but the search shall be able to be expanded to Providers in any or all statuses, if requested.

8. CMIPS II shall provide the ability to search for a person statewide, by county, or by district office, based on user security roles.

9. CMIPS II shall return a list of persons who match the search criteria.
   a. Data included in the search results shall include, at a minimum: Social Security Number, SCI number, MEDS number, IHSS/PCSP case number, last name, first name, date of birth, address and person type.
   b. CMIPS II shall prompt the user to select the desired person, or to re-search using different criteria.

10. Upon selection of a person, CMIPS II shall display, at a minimum:
    a. Person type (Recipient, Provider) and if a person exists as multiple types, then CMIPS II shall display all types
    b. Demographic information: name, address, birth date, county, language spoken, phone number
    c. Case information: status, status date, IHSS/PCSP case number, MEDS or SCI case number, county, district office location, Social Worker assigned to the case
    d. Case information for Recipients: hours authorized, last assessment date, date of initial application, status and status date, list of all linked Providers by Social Security Number (SSN), and list of companion cases
    e. Case information for Providers: total hours authorized, last paid date and paid hours, status and status date, list of all linked Recipients by name and SSN, authorized hours per Recipient, and PA or equivalent
    f. Indicators for: prior or current IHSS/PCSP Recipient or Provider SSN validated.

11 RECIPIENT CASE MANAGEMENT

The Recipient Case Management function of CMIPS II shall allow the County Welfare Department (CWD) to capture, track, and manage case information. This component of CMIPS II includes the Case Initiation and Case Maintenance subcomponents. The goals of Case Management are:

- To follow the County Preferred Business Processes identified in Phase 3 of the Business Process Improvement (BPI) (CMIPS Procurement Project)
- To allow IHSS/PCSP staff to capture Recipient and Provider data at the point and time of receipt, primarily during initial intake, needs assessment or any change of status/address by means of a PC workstation in an IHSS/PCSP Office
- To provide appropriate users, security withstanding, access to county and statewide IHSS/PCSP data to complete their job functions
- To provide users the ability to track changes in a case identified by the County Preferred Business Processes
- To allow users to maintain case data without Contractor intervention

1. CMIPS II shall have the capability for the user to perform and access the various case management components in support of the BPI. For example, the user will not be required to complete the eligibility function before initiating the needs assessment function.

2. Upon a change to Recipient information, CMIPS II shall automatically update all relevant designated Provider information for any Providers linked to the Recipient, e.g., when the Recipient's Share of Cost changes, and only one provider is linked to the recipient, the Provider's Share of Cost payroll deduction is automatically changed.

11.1 Case Initiation

The Case Initiation function encompasses the intake, application, eligibility, assessment, Provider assignment, and determination processes of a case, and allows the CWD to authorize IHSS/PCSP services to a Recipient. The Case Initiation subcomponent shall include the following functions: Initial Contact/Receive Referral, Intake/Application Information, Eligibility, Needs Assessment, Assign Modes of Service, and Final Determination.

11.1.1   Initial Contact/Receive Referral

The Intake function of CMIPS II will allow the County Welfare Department (CWD) to capture, track, and manage referrals for IHSS/PCSP services.

CWD IHSS/PCSP staff receives referrals for IHSS/PCSP services typically by telephone from family members, Providers, or potential Recipients. Referrals can also be made from any number of other sources (hospital discharge planners, physicians, walk-ins, health workers, etc.). Referrals may also be received from other counties as an inter-county transfer (Paragraph 11.2.3, Inter-County Transfers).

Several counties receive referrals for IHSS/PCSP services from external county offices and from other departments within the CWD. For example, Los Angeles County receives all requests for county services through a centralized phone system, and electronically distributes requests for IHSS/PCSP services to the CWD or appropriate IHSS/PCSP office. Placer County receives the majority of IHSS/PCSP referrals through a third party referral service.

The IHSS/PCSP Screener accesses CMIPS II during the initial contact with the Applicant, and uses standard statewide regulations and guidelines to screen the Applicant for initial IHSS/PCSP eligibility. The Screener enters appropriate information into CMIPS II. The Screener accesses the

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MEDS application to determine if the Applicant is currently enrolled in Medi-Cal. Those disabled Applicants currently receiving SSI/SSP and Applicants over the age of sixty-five (65) receiving Medi-Cal are deemed status eligible and recorded in CMIPS II as such. All other Applicants are recorded as income eligible.

CMIPS II will notify the Social Worker Supervisor of the new referral and provides automated assistance in assigning the Social Worker. Supervisors typically assign Social Workers by geographic region, language, or caseload, and periodically reassign cases to balance the workload. CMIPS II notifies the Social Worker of the new case assignment. The Social Worker proceeds with the Intake/Application Information process.

1. CMIPS II shall receive data files of referral information from State approved third party and county systems.

2. Upon receipt of referral data files, CMIPS II shall validate available information (i.e. SSN if available and street address if available) and process the referral.

3. For each referral received by a data file (i.e. a third party referral system), CMIPS II shall produce a case event as defined in Paragraph 14.1.1, Case Event Management, based upon the Applicant's county of residence.

4. CMIPS II shall accept a user-entered referral.

5. If a person matching the search criteria does not exist, CMIPS II shall create a new Applicant.

6. If the person exists and is not a current Recipient, CMIPS II shall use the prior case number, default to the prior case information for updating.

7. CMIPS II shall track Applicant's ethnicity pursuant to MPP 30-759.11.

8. CMIPS II shall track Applicant's primary language pursuant to MPP 30-759.11.

9. CMIPS II shall capture, track, and report on Race and Ethnicity as defined by the Office of Management and Budget, Revisions to the Standards for the Classification of Data on Race and Ethnicity, Notice 58782 as published in the Federal Register, Vol. 62, No. 210, October 30, 1997.

10. CMIPS II shall assign a county identifier to every Applicant/Recipient pursuant to MPP 23-251.

11. CMIPS II shall accept a user entered SSI/SSP status. The user manually obtains status, SSI/SSP payment level, and restaurant meal allowance from MEDS.

12. Upon completion of the application data entry, CMIPS II shall accept an indication from the user that the case needs Social Worker assignment.

13. CMIPS II shall provide the user a means to assign a specific Social Worker to a specific case (Social Worker assignment).

14. CMIPS II shall display the following information to assist the user in Social Worker assignment.

    a. Social Worker Information

        i) Name

        ii) Identifier

        iii) Assigned County

        iv) Assigned District

        v) Supervisor

        vi) Primary Language

        vii) Secondary Language

        viii)   Current case count by case status

        ix) Assigned zip code(s)

    b. Applicant information:

        i) Name

        ii) Identifier

        iii) Primary Language

        iv) Secondary Language

        i) Residence zip code.

15. CMIPS II shall produce a case event notifying the social worker of the assignment as defined in Paragraph 14.1.1, Case Event Management.

11.1.2 Intake/Application Information

The Social Worker contacts the individual referred to IHSS/PCSP and, if the individual agrees, processes an application for services. The Social Worker will enter all information required for an application into CMIPS II. CMIPS II will access the DHS Statewide Client Index (SCI) to either retrieve the existing Client Index Number (CIN) or request a new CIN. The Social Worker proceeds with either the Eligibility or Needs Assessment Process.

1. CMIPS II shall accept each request or application for services in accordance with MPP 30-009.22, pursuant to MPP 30-759.1.

2. CMIPS II shall accept a retroactive application pursuant to 22 CCR §50145(b).

11.1.2.1 Automated Address Verification

CWD IHSS/PCSP staff will enter a new address or update an existing address for an Applicant, Recipient, or Provider in CMIPS II. CMIPS II will attempt to match the address with a United States Postal Service (USPS) certified address file and recommends corrections to the address entry. CMIPS II will display the best match for the address and describes the results of the address verification.

1. CMIPS II shall provide software capability that can verify street addresses, cities, and zip codes against a USPS certified master address file.

2. CMIPS II shall verify the address, make any changes according to the USPS software, and add the last six (6) digits (zip +4 +2) of the zip code.

3. CMIPS II shall require the user to accept, override, or correct the address changes.

4. All addresses entered, stored, and reported in CMIPS II shall meet Postal Addressing Standards as defined in United States Postal Service Publication 28, Postal Addressing Standards.

5. CMIPS II shall exclude foreign addresses from the Automated Address Verification process.

11.1.2.2   Social Security Number Validation

CWD IHSS/PCSP staff will enter a new SSN or update an existing SSN for an Applicant, Recipient, or Provider in CMIPS II. CMIPS II will validate the SSN entry via an interface with DHS and track the results of the SSN verification. Any SSN that DHS cannot validate will be marked as invalid, and the county will research and correct invalid SSNs using a manual process.

1. CMIPS II shall validate SSNs entered into CMIPS II, for providers and recipients, with SSAs master file for fraud detection by exchanging a file with DHS for processing.

2. Pursuant to W&IC §14011.2 and 22 CCR §50157 CMIPS II shall require a SSN for every application.

3. CMIPS II shall validate all additions and changes to SSNs for Recipients and Providers.

4. Upon SSN validation, CMIPS II shall indicate that the Name and SSN have been verified.

5. If an SSN is entered in CMIPS II that already exists for a different Recipient or Provider, CMIPS II shall produce an error message, including whether or not the duplicate SSN has been previously validated.

11.1.2.3   Client Index Number Assignment

CWD IHSS/PCSP staff will enter a new Recipient in CMIPS II. CMIPS II will either display the CIN currently existing or retrieve potential CINs via DHS. IHSS/PCSP staff selects the appropriate CIN. If there are no potential matches, IHSS/PCSP staff request to add the Recipient to SCI. SCI searches for duplicates. If duplicates are found, IHSS/PCSP staff will select the correct match. CMIPS II will provide the match or new information to SCI.

1. Upon entry of a new Applicant, CMIPS II shall either display the CIN that exists in CMIPS II, or request a CIN match from SCI.

2. CMIPS II shall retrieve potential matches from SCI. For each potential match, CMIPS II shall display the SCI information, including but not limited to:
   a. County
   b. CIN
   c. SSN
   d. Name
   e. Birth Date

    f.   Gender.

3. If no duplicates are returned from SCI, CMIPS II shall:

    a. Apply the CIN to the Applicant

    b. Notify SCI of the add.

4. Upon user selection of a duplicate match, either from potential matches, CMIPS II shall:

    a. Apply the CIN to the Applicant

    b. Notify SCI of the match.

5. CMIPS II shall accept, process, and display responses received from SCI.

11.1.3   Eligibility

There are two eligibility types for IHSS/PCSP. A "status eligible" Recipient is entitled to program services on the basis of being: SSI/SSP or categorically, eligible; disabled or over 65 and receiving SSI/SSP; or receiving Medi-Cal. Status eligible Recipients receive Medi-Cal and IHSS/PCSP services at no cost to the Recipient. All other individuals require an additional determination for "income eligibility." Eligibility staff assess these individuals' financial situation to determine if they meet thresholds to receive IHSS/PCSP with a Share of Cost. Income Eligible Recipients pay the Share of Cost directly to their Provider after services are provided, usually after the first pay period in a month. The Share of Cost is applied against the Provider's wages before CMIPS II will issue a warrant for money, unless the county elects to have the Recipient pay the Share of Cost to the county. Based on the income calculations, it is possible that a Recipient will have a zero dollar ($0.00) Share of Cost; however, this is not the norm.

After an application has been processed, the Social Worker proceeds with the eligibility process. If the Applicant is status eligible, Applicant information, demographics, CIN, and status eligibility will be sent electronically by CMIPS II via an interface to the appropriate SAWS system. The Social Worker proceeds with the Needs Assessment Process.

If the Applicant is not status eligible, the Social Worker will indicate a need for an income eligibility determination in CMIPS II. CMIPS II will notify the appropriate SAWS application of the need for income eligibility determination, while the Social Worker proceeds with the Needs Assessment process. These processes may or may not occur in parallel.

1. CMIPS II shall notify the appropriate SAWS system of pending IHSS/PCSP cases as defined in Exhibit 6 SyRS-1, Interfaces.

2. CMIPS II shall accept a user entered aid code for status eligible Recipients pursuant to MPP 23-275.2.

3. Valid aid codes shall be limited to those identified in Artifact 15 - DHS Aid Code Quick Reference located in the Bidder's Library.

4. An address change from California to any other state shall trigger a notification for the user to verify eligibility, pursuant to MPP 30-770.42 and 30-770.452.

5. An address change or update from USA to any other country shall trigger a notification for the user to verify eligibility, pursuant to MPP 30-770.46.

6. CMIPS II shall determine the beginning date of eligibility pursuant to 22 CCR §50193.

7. CMIPS II shall require the user to either accept CMIPS II generated eligibility date or to enter a later date.

8. CMIPS II shall accept and track PCSP three (3) month retroactive eligibility.

11.1.3.1   Income Eligibility (Share of Cost)

If, during the intake process, an Applicant is not deemed status eligible, an income eligibility determination is needed. Upon user request for an income eligibility determination, CMIPS II will send the request to the appropriate SAWS system via an interface.

The SAWS system performs the required Medi-Cal and IHSS eligibility calculations and determines income eligibility. A determination of disability may also be necessary for Medi-Cal eligibility. For those Applicants deemed to be income eligible, the SAWS system will calculate two (2) Share of Cost (SOC) amounts and determines two (2) potential aid codes. Due to Medi-Cal and IHSS Eligibility rules, the Share of Cost amount may be zero ($0.00.) The SAWS system will return the eligibility status, the Medi-Cal Share of Cost, the IHSS Share of Cost, the Residual Aid Code, and the PCSP Aid Code to CMIPS II.

The Income Eligibility and Needs Assessment processes may occur simultaneously or in either order, depending upon the county business practices. If the Applicant is income eligible, the Social Worker will proceed with either the Needs Assessment or Final Determination Process. If the Applicant is not income eligible, the Social Worker will proceed with the Eligibility Withdrawn/Denied Process.

1. CMIPS II shall request an income calculation from the appropriate SAWS system.

2. Upon receipt of the Share of Cost and Aid Code information from the SAWS system, CMIPS II shall notify the user as defined in Paragraph 14.1.1, Case Event Management.

3. Upon receipt of the Share of Cost and Aid Code information from the SAWS system, CMIPS II shall prompt the user to either select one of the values returned from the SAWS system or enter a different value.

4. CMIPS II shall accept a user entered Share of Cost and Aid Code.

5. All Share of Cost amounts shall be calculated for a full month.

6. Share of Cost calculations shall be effective the first day of the month in which service hours are authorized.

11.1.3.2   Share of Cost Adjustments

Whenever there is a change in financial circumstances, Social Security payments, or SSI/SSP benefit levels, the appropriate SAWS system will recalculate both the Medi-Cal and IHSS Share of Cost (SOC) amounts. The SAWS system will notify the CMIPS II system of whether the

Recipient remains income eligible, the Medi-Cal SOC, the IHSS/PCSP SOC, the Residual Aid Code, and the PCSP Aid Code. Upon any change in income eligibility status or SOC, CMIPS II will provide an alert to the Social Worker. The Social Worker may proceed with the Needs Assessment process, if required by circumstances.

1. Upon receipt of an updated SOC, CMIPS II shall apply any existing pro-ration between linked Recipients.

2. Upon receipt of any change to a SOC, CMIPS II shall produce a case event as defined in Paragraph 14.1.1, Case Event Management, for the user to verify or readjust the SOC split.

3. Upon receipt of a decrease in the Recipient's SOC and appropriate county authorization, CMIPS II shall retroactively process an adjustment to refund the Share of Cost to the Recipient pursuant to 22 CCR §50653.3.

11.1.3.3   Needs Assessment

On completion of the Application process, the Social Worker will schedule an In-Home Visit with the Applicant to determine eligibility and need for IHSS/PCSP. Based on the Applicant's ability to safely perform certain tasks, the Social Worker will rank the Recipients functional limitations and assesses the Functional Index ranking indicating whether the Recipient can perform a task independently, or if unable to perform independently, the level of assistance needed. Based on the Functional Index rankings, the Social Worker will determine the types of services needed and the amount of time the county will authorize for each service. The assessment includes Social Worker's observations as well as information given by the Applicant, family, friends, physician, or other health practitioners.

During the Needs Assessment, the Social Worker will capture all pertinent information related to the Recipient's need for services. On return to the office, the Social Worker will enter the captured data into CMIPS II. The Social Worker will determine hours of need for each of twenty-five (25) tasks, adjust the hours based on hours apportioned to other individuals living in the household, the relationship of the Individual Provider with the Applicant, and whether the need for the service is met for the Recipient individually or met in common with others in the household. This prorated amount is the "individual assessed need." This value can be further adjusted if a formal, e.g., Adult Day Health Care, Home Health Agency, or informal alternative resource or family member or friend, e.g., all or a portion of an assessed service.

Based on the Applicant's individual assessed need, the appropriate number of hours for services will be entered into CMIPS II. Based on the number of service hours entered, CMIPS II shall determine whether the Applicant is "severely impaired" (SI) or "non-severely impaired" (NSI). The maximum allowable hours for NSI changes if the Recipient is PCSP eligible and has an enrolled Provider. The hours needed may exceed the maximum allowable hours. These unmet needs hours will be tracked in CMIPS II.

The Social Worker will assess the Applicant's needs in the case of a disaster. The IHSS/PCSP Caseload Disaster Preparedness (DP) Assessment Plan provides a safety check for thousands of elderly and disabled IHSS/PCSP Recipients who might be unable to care for themselves, or even call for help, in the aftermath of a disaster.

If the Applicant has a need for IHSS/PCSP services, the Social Worker will proceed with the Assign Modes of Service and Final Determination processes.

If the Social Worker determines that the Applicant is ineligible, or the Applicant decides against IHSS/PCSP services during the Needs Assessment, the Social Worker then proceeds with the Recipient Eligibility Withdrawn/Denied process.

1. CMIPS II shall track those IHSS/PCSP Recipients who are at risk during disasters to support disaster preparedness.

2. CMIPS II shall display past assessments, including who has made changes to the assessment, what those changes were, and when the changes were made.

3. CMIPS II shall accept authorization for presumptive eligibility Applicants emergency services pursuant to MPP 30-759.3 and 30-759.8.

4. CMIPS II shall validate that services are authorized only for eligible Recipients or as emergency services (emergency services are those services normally delivered in the IHSS/PCSP program before the completion of a formal needs assessment and eligibility determination), pursuant to MPP 30-761.1.

5. CMIPS II shall capture assessed hours by task.

6. CMIPS II shall accept one-time only tasks.

7. CMIPS II shall automatically remove all one-time only tasks issue a case event and recalculate the total authorized hours upon expiration of the authorization date range.

8. For the Needs Assessment, CMIPS II shall track the types and hours of services needed and the services which will be paid for by the IHSS/PCSP Program pursuant to MPP 30-761.24.

9. For the needs assessment, CMIPS II shall display all services defined by W&IC §12300.

10. For the needs assessment, CMIPS II shall display the itemized need for services and include all of the information required by MPP 30-761.27.

11. CMIPS II shall not authorize meal preparation, meal clean up, menu planning, or food shopping services if a Recipient receives a meal allowance through the IHSS/PCSP program pursuant to MPP 30-757.134.
    a. CMIPS II shall accept the assessed need for these services.
    b. CMIPS II shall deduct the total hours authorized for purchase for the services identified above from the total monthly hours authorized for purchase.

12. CMIPS II shall accept corrections and changes to the time-per-task guidelines for services other than personal care, meal preparation, meal clean up, and paramedical services pursuant to MPP 30-758.2 and 30-758.4.

13. CMIPS II shall capture the reason for any time-per-task corrections pursuant to MPP 30-758.41.

14. Using the daily hours entered for each service, CMIPS II shall calculate the number of hours per week needed for each of the assessed services pursuant to MPP 30-763.2.

15. Assessed services shall include, at a minimum, all services pursuant to MPP 30-757.1 and 30-780.1.

16. CMIPS II shall capture and track services recipient is eligible for, and refused.

17. CMIPS II shall calculate the total authorized hours per week and per month, indicating any unmet need.

18. CMIPS II shall not include any refused services in the total authorized hours.

19. CMIPS II shall accept changes and corrections to the total needs hours by task, provided total authorized hours are not exceeded.

20. CMIPS II shall calculate the need for each service based on the results of the needs assessment and adjustments, pursuant to MPP 30-763.

21. CMIPS II shall calculate the individual assessed need based on the results of the needs assessment and all adjustments pursuant to MPP 30-763.5.

22. CMIPS II shall track prorated assessed hours for partial months.

23. CMIPS II shall track multiple Recipients having the same address (companion cases).

24. CMIPS II shall calculate adjustments based on all shared living arrangements defined in MPP Sections 30-763.331, .332, .34, .352, .413, .414, .416, .421, .422, .43, .44, .45, .453, .46, and, 47.

25. CMIPS II shall provide automated assistance in calculation of recipient total assessed need including adjustments for services provided from other sources such as alternative resources or voluntary services.

26. CMIPS II shall adjust the total authorized hours to account for meal allowance payments pursuant to MPP 30-765.13.

27. CMIPS II shall validate that the assessed time does not exceed guidelines defined by MPP 30-758.1, 30-758.11, 30-758.121, 30-758.122, 30-758.13, and 30-758.14.

28. For PCSP, CMIPS II shall validate that a personal care service has been authorized in addition to any ancillary services pursuant to MPP 30-780.1(c).

29. CMIPS II shall not allow authorization of the same service for both PCSP and IHSS pursuant to MPP 30-757.1.

30. CMIPS II shall only authorize teaching and demonstration services for Domestic and Related Services, Personal Care Services, and Yard Hazard Abatement services, pursuant to MPP 30-757.18.

31. CMIPS II shall limit the authorization for teaching and demonstration services pursuant to MPP 30-757.18 through 183.

32. CMIPS II shall ensure that time limited services (e.g., paramedical services) are included in the appropriate eligibility periods.

33. CMIPS II shall allow the emergency authorization of services prior to completion of the in-home needs assessment pursuant to MPP 30-759.8.

34. CMIPS II shall not allow authorization of services prior to the date of eligibility.

35. CMIPS II shall capture, track, and display personal care service hours at the Recipient's place of employment as a sub-set of total authorized personal care service hours pursuant to W&IC §14132.955.

36. CMIPS II shall not allow authorization for personal care service hours at the Recipient's place of employment to exceed the total personal care services hours authorized for the Recipient in the home.

37. CMIPS II shall track and report on personal care service hours by place of employment, in the home, and total hours.

38. CMIPS II shall capture, track and display the receipt of orders for the paramedical services, pursuant to MPP 30-757.19 and 30-757.196.
    a. CMIPS II shall not authorize paramedical services until an order from a licensed health care professional has been entered.
    b. Prior to the entry of orders for the paramedical services, CMIPS II shall capture the remaining services of the needs assessment and authorize remaining services pursuant to MPP 30-757.197.
    c. Upon entry of the orders for paramedical services, CMIPS II shall have the ability to retroactively include paramedical services in the needs assessment authorization pursuant to MPP 30-757.198.

39. CMIPS II shall identify cases that meet PCSP criteria.

40. CMIPS II shall determine and track whether an Applicant is Severely Impaired or Non-Severely Impaired pursuant to W&IC §12304 and MPP 30-701(s)(1) and 30-765.1.
    a. For PCSP Severely Impaired Recipients, CMIPS II shall limit the total authorized hours pursuant to W&IC §12303.4(b), 14132.95(g), and MPP 30-765.11.
    b. For non-PCSP Severely Impaired Recipients, CMIPS II shall limit the total authorized hours pursuant to W&IC §12303.4(a), 14132.95(g), and MPP 30-765.12.

41. For a Severely Impaired Recipient, CMIPS II shall accept an optional selection for the advance pay option pursuant to MPP 30-769.735.

42. CMIPS II shall require a case activity review as defined in Paragraph 14.1.2, Case Authorization Management, before authorizing the case.

43. Once services have been authorized, CMIPS II shall continue the authorization until there is a change in eligibility or assessed level of need pursuant to MPP 30-759.5.

11.1.3.4   Protective Supervision

Protective Supervision is available when IHSS/PCSP staff determines that a twenty-four (24) hour need exists for supervision. Examples of this are mental impairment, risk of injury, and for

minors. Since protective supervision is a 24-hour need, the total weekly need will always be one hundred sixty-eight (168) hours. However, CMIPS II shall allow adjustments for shared living arrangements, alternative resources, voluntary services, and time when other services are provided to be applied against the total assessed need for Protective Supervision. Because of these adjustments, the Total Authorized Hours for Protective Supervision may be less than 24 hours.

Protective Supervision is IHSS Residual only, and never funded by PCSP, even when other PCSP services are received.

1. CMIPS II shall calculate protective supervision needs pursuant to MPP 30757.17.

2. CMIPS II shall assign the assessed need for protective supervision to one hundred sixty-eight (168) hours per week.

3. CMIPS II shall not allow any unmet need for protective supervision.

4. CMIPS II shall calculate and process adjustments to the assessed need for protective supervision based on:
    a. Shared living arrangements
    b. Alternative resources
    c. Voluntary services.

5. When multiple Recipients in the same residence both require protective supervision, CMIPS II shall:
    a. Calculate the assessed need for protective supervision as a common need
    b. Prorate the assessed need for protective supervision among the multiple Recipients.

6. CMIPS II shall adjust the need for protective supervision to remove the hours that Providers are authorized to provide other services.

7. CMIPS II shall calculate the need for protective supervision based on the results of the adjustments.

8. CMIPS II shall calculate the total authorized protective supervision hours per month.

9. The total authorized protective supervision hours shall be included in the total authorized hours, and tracked by CMIPS II.

11.1.3.5   *Functional Index (FI)*

While gathering information during the interview and assessing the Applicant's ability to function in their living environment, the Social Worker ranks their functional limitations and assesses their service needs. The Social Worker ranks the Recipient's functioning on a point scale in each of fourteen (14) functional categories (housework, eating, memory, etc.). These some of these rankings are associated with twenty-five (25) tasks (domestic services, feeding, etc.). The ranks of the fourteen (14) functional categories are calculated using an automated weighted averaging process to produce a functional index score for each Recipient.

1. CMIPS II shall capture, track, and display a five (5)-point scale describing the Recipient's level of functioning as defined by MPP 30-756.11 through 30-756.15.

2. CMIPS II shall capture, track, and display the Recipient's level of functioning in a minimum of fourteen (14) functions defined by MPP 30-756.2.

3. CMIPS II shall validate the user-entered rank for each function pursuant to MPP 30-756.35 and 30-756.372.

4. CMIPS II shall calculate a functional index score between one (1.00) and five (5.00) for each Recipient using the formula defined in CDSS All-County Letter No. 88-118.

5. CMIPS II shall calculate functional index hours based on the functional index score for each Recipient using the formula defined in CDSS All-County Letter No. 88-118.

6. CMIPS II shall determine impairment levels pursuant to MPP 30-701(s)(1) as defined in W&IC §12304.

7. CMIPS II shall not authorize services for any function in which the Recipient ranks a one (1.00) pursuant to MPP 30-756.4 and 30-763.1.

11.1.3.6   Waiver Personal Care Services (WPCS)

Welfare & Institutions Code §14132.97, (known as Assembly Bill (AB) 668) allows the assessment and authorization of Waiver Personal Care Services (WPCS) for eligible Recipients of Home and Community Based Services (HCBS) waivers. To qualify for personal care services under the WPCS Program, a Recipient must be under the Personal Care Services Program (PCSP), and meet the eligibility requirements.

Any interested party may submit a request for services under the WPCS waiver. IHO staff evaluates each request for waiver personal care services individually, to determine if each Recipient meets the criteria for eligibility. The criteria include medical necessity, appropriateness of care, safety, and cost containment at the identified level of care.

1. CMIPS II shall accept authorization for additional WPCS hours for a PCSP Recipient. These hours may be above the State maximum allowable for PCSP.

2. CMIPS II shall track cases with WPCS authorized hours.

3. CMIPS II shall capture, track, and display the IHSS, PCSP, and WPCS hours separately.

4. CMIPS II shall provide WPCS and PCSP paid hours and Provider data to the DHS Treatment Authorization Request (TAR) system as defined in Exhibit 6 SyRS-1, Interfaces.

11.1.4   Assign Modes of Service

On granting of eligibility for IHSS/PCSP, the Recipient must notify CWD of the preferred Provider Mode of Service.

IHSS/PCSP offers the following types of Service Delivery modes:

> Individual Provider mode – offered in all counties

County Contract mode - offered in some counties

Homemaker Mode – offered in some counties

If the Recipient selects Individual Provider (IP) and does not have a Provider selected, the CWD refers the Recipient to the county Public Authority (PA) or equivalent. The PA or equivalent maintains a registry of available Providers. The PA or equivalent provides a registry service for the Recipient. Once the Recipient has selected a Provider, the Recipient notifies the CWD. The CWD IHSS/PCSP staff will enter Provider information in CMIPS II. If applicable, CMIPS II shall generate a PCSP enrollment form to be mailed to the Provider.

If the Recipient selects County Contractor, CWD IHSS/PCSP staff will enter the selection in CMIPS II. CMIPS II shall send the appropriate Recipient data electronically to the County Contractor as described in Exhibit 6 SyRS-1, Interfaces. The County Contractor contacts the Recipient and schedules services.

If the Recipient selects the County Homemaker mode or circumstances dictate the need for County Homemaker services, the CWD IHSS/PCSP staff will note the selection in CMIPS II, CMIPS II shall allow for appropriate data to be made available to the Homemaker Supervisor. The Homemaker Supervisor will assign a homemaker and services will be scheduled.

Circumstances or Recipient needs can require more than one service delivery mode per Recipient. CMIPS II shall track Recipient authorized hours and services across multiple service delivery modes.

1. The user shall have the ability to select the service delivery mode (IP, CC, HM) for each Recipient.

2. CMIPS II shall accommodate mixed mode Providers. A case is mixed mode when a Recipient is receiving services through more than one delivery mode.

3. CMIPS II shall establish and maintain a link between a Recipient and his/her Provider(s).

4. CMIPS II shall accept changes to the mode of service delivery at the beginning of the following month, mid-month, or when circumstances require a delivery method change pursuant to MPP 30-767.133.

11.1.4.1   Individual Provider

The Recipient selects and hires the Individual Provider and notifies the CWD IHSS/PCSP office of the selection along with pertinent Provider data. CWD IHSS/PCSP staff will enter the applicable information in CMIPS II and link the Recipient to the Provider.

1. CMIPS II shall automatically update a provider's record when a relevant change is made to the Recipient's eligibility or status.

2. CMIPS II shall accommodate multiple Individual Providers for each Recipient.

3. CMIPS II shall accommodate the use of IHSS/PCSP Providers as WPCS Providers.

4. Upon Recipient selection of an Individual Provider and PCSP eligibility is determined, CMIPS II shall generate a Provider PCSP form for each eligible IP.

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5. Upon Recipient selection of an Individual Provider that was not referred by a Public Authority, CMIPS II shall report the Individual Provider to the Public Authority via an interface in accordance with W&IC §12301.6.

11.1.4.2   County Contractor Provider

In addition to Individual Provider, some counties contract with independent agencies to provide services. In the County Contract mode, the County Contractor hires and dispatches workers. The Providers are employees of the Contractor, with wages and benefits determined through collective bargaining. In addition to Provider recruitment, training, screening, assigning, scheduling, and supervision, contract agencies are required to maintain a sufficient workforce to meet Recipient needs.

Upon a determination the IHSS/PCSP Recipient will use the County Contractor, the Social Worker will indicate the Contractor mode of service in CMIPS II and CMIPS II will provide the information to the County Contractor via an interface. The Contractor will contact the Recipient, schedules services, and provides services to Recipient.

1. CMIPS II shall accept the assignment of the number of authorized hours to the County Contractor mode.

2. CMIPS II shall not accept assigned County Contractor hours in excess of the Recipient's total authorized hours.

3. CMIPS II shall provide necessary data to County Contractors as described in Exhibit 6 SyRS-1, Interfaces.

11.1.4.3   Homemaker Provider

Homemaker Providers are county employees, hired in accordance with established county civil service requirements. Homemaker wages and benefits are determined through county collective bargaining.

When it is necessary to use a county employee Homemaker to provide services to a Recipient, the Social Worker will enter a request for homemaker services in CMIPS II. CMIPS II shall generate a case event notifying the Homemaker Supervisor of the need for scheduling of the county homemaker.

1. CMIPS II shall accept requests for homemaker services.

2. CMIPS II shall produce a case event as defined in Paragraph 14.1.1, Case Event Management, upon request for homemaker services.

11.1.4.4   Establish Hours

After the Recipient has selected the mode of service, hired the Individual Provider if applicable, and notified the CWD, and after IHSS/PCSP staff have linked the Provider to the Recipient, CMIPS II will link authorized hours to the Provider and the Recipient.

1. CMIPS II shall accept the assignment of authorized hours to a selected Provider.

2. CMIPS II shall accept prorations and adjustments to authorized services and hours between multiple Providers and multiple modes of service.

3. For each Recipient, CMIPS II shall track the total assessed need, adjustments, alternative resources and authorized services and hours.

4. When all of the authorized hours have not been assigned to Providers, CMIPS II shall notify the user of the remaining hours.

5. CMIPS II shall validate that the total authorized hours for a Recipient are not exceeded when divided among multiple Providers.

6. When a change in Recipient's authorized hours occurs, on appropriate user approval, CMIPS II shall adjust the authorized hours for each linked Provider accordingly.

7. CMIPS II shall accept changes and corrections to CMIPS II adjustment of authorized services and hours for each Provider.

11.1.5 Final Determination

Upon completion of the Status Eligibility, Income Eligibility, Needs Assessment, Assign Modes of Service, and Provider Eligibility Processes, the Social Worker shall determine and enter the final eligibility and authorized services or deny the case in CMIPS II.

If a Share of Cost is required, the Social Worker will determine the appropriate Share of Cost from the Medi-Cal and IHSS Share of Cost returned from the appropriate SAWS system and enter it in CMIPS II. The Social Worker will make any Share of Cost adjustments between multiple Recipients. For those Applicants who are required to pay a Share of Cost and that Share of Cost exceeds the assessed need as determined during the needs assessment, the Applicant is denied IHSS/PCSP services. In such cases, the Social Worker will proceed with the case termination process.

Based on the selected Share of Cost, the Assessed Need, and the Provider Wage Rate, the SW determines final eligibility based on whether the cost of IHSS/PCSP services exceeds the assessed need.

Funding for payment of Provider services is divided between two Programs: Residual and PCSP. Funding is determined by criteria that include the services authorized, and the relationship of the Provider to the Recipient. CMIPS II shall determine the funding based on the identified criteria and selects the appropriate IHSS Aid Code from the Residual and PCSP aid codes returned from the appropriate SAWS system.

If the Applicant is deemed eligible, the Social Worker will complete the review of the case file information and, in CMIPS II, mark the case as ready for supervisory review. CMIPS II shall allow for the indication of ready for case review and produce a case event. The Social Worker Supervisor receives the case event of the need for review, reviews the case record online, indicates necessary changes, or approves the case. CMIPS II shall produce case events indicating the Supervisors actions.

CMIPS II will notify the appropriate SAWS system of the final eligibility (yes or no), the aid code, the selected Share of Cost (Medi-Cal or IHSS), the authorization date, final IHSS/PCSP eligibility status, and beginning services or case termination date. The SAWS system notifies the MEDS system of the new IHSS/PCSP case via an automated interface.

1. CMIPS II shall calculate the cost of IHSS/PCSP services.
2. CMIPS II shall compare the Share of Cost to the cost of IHSS/PCSP services and determine eligibility.
   a. If the Share of Cost exceeds the cost of IHSS/PCSP services, CMIPS II shall notify the user.
   b. If the share of cost exceeds the prorated need for a partial month, but does not exceed the need for a full month, then the Recipient is eligible and the full SOC amount applies for the partial month.
3. CMIPS II shall authorize payments under PCSP funding preferentially to authorizing payments under residual funding, pursuant to MPP 30-759.4.
4. CMIPS II shall accept authorization for the Recipient to receive services.
5. CMIPS II shall determine Residual or PCSP funding eligibility based upon the results of the needs assessment, the income eligibility, the Provider eligibility, CDSS All-County Letter No: 99-25, W&IC 12305.1 and 14132.95, MPP 30-757, DHS Regulations Section 51181, and MPP 30-767.4.
6. CMIPS II shall not allow eligibility for PCSP funding to those Recipients who receive advance payment pursuant to MPP 30-780.4.
7. CMIPS II shall accept changes between PCSP and Residual funding from authorized users.
8. CMIPS II shall accept distribution of Share of Cost among spousal Recipients residing in the same household from authorized users.

11.2 Case Maintenance

The Case Maintenance function encompasses the ongoing maintenance processes, and allows the CWD to continue providing IHSS/PCSP services to a Recipient. The Case Maintenance component includes the following functions: Annual Reassessment, Update Recipient Data, Inter-county Transfers, Appeals, and Recipient Terminations.

11.2.1 Reassessments and Renewals

The Social Worker reassesses IHSS/PCSP Recipients yearly or whenever the Recipient's physical/mental condition or living/social situation has changed. The Social Worker schedules an in-home visit. On return to the office, the Social Worker will update CMIPS II with the information that has changed. If the Social Worker encounters evidence of a change of financial circumstances that could require an income eligibility re-determination, the Social Worker will request in CMIPS II that an income eligibility re-determination request be sent to the appropriate SAWS system via the interface.

The Social Worker completes review of the case file information and marks the case as ready for supervisory review. The Social Worker Supervisor receives notification of the need for review, reviews the case record online, indicates necessary changes, or approves the case. The Social Worker is notified of required actions. CMIPS II will generate appropriate documents for mailing.

1. CMIPS II shall accept a reassessment at any time pursuant to MPP 30-755.21, 30-761.213, and W&IC §12301.1.

2. CMIPS II shall produce case events for reassessment dates as defined in Paragraph 14.1.1, Case Event Management, following the rules defined in MPP 30-761.212 and 30-767.212(a).

3. CMIPS II shall accept a new assessment base on data and values from the previous needs assessment, pursuant to MPP 30-761.28.

4. CMIPS II shall accept a request for income determination and shall send the request to the County SAWS system.

5. CMIPS II shall require a case activity review as defined in Paragraph 14.1.2, Case Authorization Management, before approving the case for services.

6. Any change in service hours or authorized services shall initiate the corresponding change in the Provider authorization.

6. If the Recipient has multiple Providers, CMIPS II shall:
    a. Adjust the Provider hours based on the existing proration
    b. Generate a case event for the user to validate or change the prorated hours.

11.2.2   Update Recipient Data

Upon receiving notification of a change, CWD IHSS/PCSP staff will enter the Recipient data changes in CMIPS II. CMIPS II, via the interface, will notify the appropriate SAWS system of the Recipient changes.

1. CMIPS II shall produce a case event as defined in Paragraph 14.1.1, Case Event Management, upon any of the following changes:
    a. Recipient's physical address
    b. Recipient's address matches one of the Recipient's Provider's addresses
    c. Recipient's birth date.
    d. Recipient's SSN

2. CMIPS II shall provide updates to the appropriate SAWS system of Recipient demographic, address, eligibility, and status changes.

3. Upon a change to any of the following Recipient information, CMIPS II shall provide an update to the SCI:
    a. SSN
    b. Name

    c. Date of Birth

    d. Gender.

11.2.2.1   *Updates from SCI*

SCI provides daily updates of Recipient information. CMIPS II will process the SCI updates and update the Recipient information.

1. CMIPS II shall accept Recipient information changes from SCI, including but not limited to:

    a. CIN

    b. County

    c. SSN

    d. Date of Birth

    e. Gender

    f. Name

    g. Death.

2. If the change is CIN only, CMIPS II shall apply the change.

3. If the change is any information other than CIN, CMIPS II shall:

    a. Update the Recipient information

    b. Display the existing and change information

    c. Produce a case event.

11.2.3   Inter-County Transfers

Upon receiving notification that a Recipient has moved or is moving to another county, the transferring county will prepare the electronic case file in CMIPS II for transfer to the receiving county.

On verification of the Recipient's residency, the receiving county will notify the transferring county. The transferring county will mark the electronic case file for release for transfer to the receiving county on a specified date. The receiving county will begin the Initiation process. CMIPS II shall provide for automated assistance in closure of the case in the transferring county's SAWS systems and the initiation of the case in the receiving county's SAWS system. Electronic case record information is available to both counties during the transfer process time, as security levels allow.

1. CMIPS II shall prevent interruption or overlapping of services as the result of a Recipient moving from one county to another pursuant to MPP 30-759.92.

2. Upon the transferring county initiation of an inter-county transfer, CMIPS II shall generate a referral to the receiving county pursuant to MPP 30-759.91.

3. Upon initiation of an inter-county transfer, CMIPS II shall update the case to reflect a pending transfer.

4. CMIPS II shall capture, track, and display the transferring county's original date of notification and the receiving county's notification of transfer pursuant to MPP 30-759.91 and MPP 30-759.93.

5. If the transfer has not been completed within thirty (30) days, CMIPS II shall accept an optional comment on the transfer status.

6. CMIPS II shall display all case information to the receiving county users pursuant to MPP 30-759.911.

7. CMIPS II shall accept a cancellation of a transfer and reinitiating of the same transfer to either the same or a different county, pursuant to MPP 30-759.922.

8. If the Applicant has not yet been approved for services at the time of the inter-county transfer initiation, the case shall not be transferred until the case has been authorized pursuant to MPP 30-759.97.

9. CMIPS II shall accept user's validation of the Recipient's new address.

10. Upon transfer, CMIPS II shall reassign the case record to the receiving county pursuant to MPP 30-759.921.

11. CMIPS II shall accept a Needs Assessment during the transfer process, pursuant to MPP 30-759.94 and 30-759.941.

12. If the case is terminated during the transfer period, the inter-county transfer shall be cancelled pursuant to MPP 30-759.95.

13. If a case is appealed during the transfer period, the inter-county transfer shall not be completed prior to the hearing decision pursuant to MPP 30-759.96.

14. Upon a transfer, CMIPS II shall provide notification of closure to the transferring county's SAWS system.

15. Electronic case record information shall be available to both counties during the transfer process time.

11.2.4   State Hearings/Appeals

Any Recipient dissatisfied with a county action has the right to appeal the action at a State Hearing as described in CDSS MPP 22-000 State Hearing and in W&IC §10950-10967. The appeal must be submitted within ninety (90) days of the date of the action or inaction. Recipients can submit an oral or written request to the CWD or to CDSS State Hearings Division. The Hearing will be conducted by an Administrative Law Judge (ALJ). All State Hearings will be decided or dismissed within ninety (90) days from the date of the request. After closure of the State Hearing the Administrative Law Judge will submit a proposed decision to the Chief Administrative Law Judge and CDSS Director; or adopt a final decision pursuant to the authority delegated to the ALJ by the Director. On adoption of the final decision, a copy is mailed to the claimant and the county.

1. CMIPS II shall identify, capture, track, and have the ability to display the status of State hearing cases for IHSS/PCSP cases.

2. CMIPS II shall track service payments made pending a State hearing decision separately from other service payments pursuant to MPP 30-768.111.

3. CMIPS II shall track the outcome, any pay adjustments and any legal determination regarding status eligibility ordered as a result of a hearing.

11.2.5 Recipient Terminations

Recipient terminations may occur for a variety of reasons, including Recipient request, changes in circumstances, changes in eligibility, denial of services, and appeals.

1. Upon any user request for Recipient termination, CMIPS II shall notify the appropriate SAWS system of the termination.

2. Upon any user request for Recipient termination, CMIPS II shall notify the SAWS system and request an eligibility re-determination pursuant to W&IC §14005.32 and 14005.37.

3. CMIPS II shall not terminate the Recipient until confirmation is received or entered pursuant to W&IC §14005.32 and 14005.37.

4. The authorized users shall have the ability to close any case in CMIPS II with a reason for the closure.

11.2.5.1 Recipient Eligibility Withdrawn/Denied

If an Applicant is deemed ineligible during the Application Process, or the Applicant voluntarily withdraws his/her application the Social Worker will update the electronic case record with reason for ineligibility and indicate the case is ready for supervisory review before closure. CMIPS II shall notify the Social Worker Supervisor that the case is ready for review.

1. Upon withdrawal or denial, CMIPS II shall generate a case event as defined in Paragraph 14.1.1, Case Event Management.

2. Upon withdrawal or denial, CMIPS II shall update the Recipient status.

11.2.5.2 Termination

On determination to close/terminate a case, the Social Worker will complete review of the case file information and mark the case as ready for supervisory review. The Social Worker Supervisor receives notification of the need for review, reviews the case record online, indicates necessary changes, or approves the case for closure. The Social Worker is notified of required actions. CMIPS II, via the interface, shall notify the appropriate SAWS system of the Recipient termination. The Social Worker will close and archive the physical case file.

1. When the case is terminated due to the Recipient's failure to pay Share of Cost, CMIPS II shall record and track the termination date as the last day of the following month of discovery pursuant to MPP 30-755.233(c)(1).

2. CMIPS II shall provide the ability to rescind terminations.

3. CMIPS II shall receive death notifications from the Social Security Administration.

4. Upon notification of death, CMIPS II shall:
    a. Track the Recipient case as a potential termination
    b. Produce a case event for user validation.

12 PAYROLL REQUIREMENTS

The payroll function of CMIPS II shall provide for the authorization and issuance of warrants for compensation of services provided by Individual Providers. CMIPS II shall compute hours and payments, calculate and prepare all employer tax forms and reports, and pay government entities. CMIPS II shall provide an audit trail for each dollar paid out for services, and shall provide support for bookkeeping, accounting, and tax preparation purposes for the Recipients, the Individual Providers, CWDs, and CDSS.

The payroll component of CMIPS II shall include Individual Provider Payroll, Warrant Management, and Provider Pay Rate Management components.

1. CMIPS II shall capture, track, and display all data in Payroll records required for the user to perform the Payroll business functions.

2. CMIPS II shall accurately and timely process all payments.

12.1 Individual Provider Payroll

The Individual Provider Payroll function of CMIPS II shall encompass all payroll processes for an Individual Provider, and allow the CWD to authorize payment for IHSS/PCSP services performed by an Individual Provider. The Individual Provider Payroll subcomponent shall include the following functions: Time and Attendance, Arrears Payments, Advance Payments, Waiver Personal Care Services Payments, Restaurant Meals Allowance, Payroll Management, Tax and Contribution Management, and Deduction Management.

12.1.1 Time and Attendance

The Time and Attendance function of CMIPS II shall allow CMIPS II to capture and record payroll information. This function shall include the following processes: Issue Timesheet, Time Entry, and Timesheet Errors.

12.1.1.1 *Issue Timesheet*

IHSS/PCSP staff will enter Individual Provider information into CMIPS II. CMIPS II shall produce the initial timesheets for mailing. The State Controller's Office (SCO) produces and mails subsequent timesheets that are attached to the Individual Provider's warrants.

1. CMIPS II shall produce one (1) timesheet record per Provider-Recipient relationship per pay period for arrears pay cases. This is sent with warrant data to SCO.

2. CMIPS II shall produce monthly WPCS timesheets per Recipient, per Provider, for each Recipient who has been authorized WPCS services.

3. CMIPS II shall produce one advance pay timesheet per month per eligible Provider per Recipient within two (2) business days after the fifteenth (15th) of the month for advance pay cases.

4. Timesheets shall be preprinted with all required information, including but not limited to those items identified in Artifact 7 - Information Groupings, located in the Bidder's Library.

12.1.1.1.1 Initial Timesheets

After the Recipient has hired the Provider, and IHSS/PCSP staff has updated the Provider information in CMIPS II, IHSS/PCSP staff will request an initial timesheet to be issued by CMIPS II. The new Individual Provider uses the initial timesheet for the first pay period. IHSS/PCSP staff may also request CMIPS II generate more than one (1) initial timesheet and/or a timesheet with an alternate starting date.

1. Upon authorization of services and assignment of a Provider, CMIPS II shall produce an initial timesheet for the first authorized pay period.

2. Upon the user's request, CMIPS II shall produce an initial timesheet with the Provider and Recipient information, with pay period.

3. CMIPS II shall accept a single request for timesheets covering multiple pay periods.

12.1.1.1.2 Replacement Timesheets

Upon notification that a Recipient or Individual Provider has not received or has lost the timesheet, IHSS/PCSP staff may request a replacement timesheet to be issued by CMIPS II.

1. Upon the user's request, CMIPS II shall produce replacement timesheets.

2. The replacement timesheet shall include the same information as the regular timesheet.

3. The replacement timesheet for the second time period shall include the total monthly authorized service hours and the remaining (unpaid) authorized hours for the second time period.

4. CMIPS II shall accept a single request for timesheets covering multiple pay periods.

12.1.1.2   Time entry

Upon providing services to the Recipient, the Individual Provider reports the hours worked and signs the timesheet. The Recipient verifies the hours worked and signs the timesheet. The Individual Provider then delivers the timesheet to the timesheet processing location.

12.1.1.2.1 Receive Timesheet

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The timesheet processing location receives timesheets from each Individual Provider for every pay period. The majority of the timesheets are received within the first three (3) business days after the end of the payroll period.

1. CMIPS II shall support an audit process to ensure that all timesheets received are processed.

12.1.1.2.2   Capture Timesheet Data

1. An automated time entry function shall accept time entries of all information on the timesheet, including but not limited to:
   a. Identifiers
   b. Daily hours
   c. Total hours
   d. Signatures.

2. CMIPS II shall accept and manage manual entry via key data entry for timesheets that cannot be processed via the Automated Timesheet Entry function.

12.1.1.2.3   Capture Timesheet Image

1. The automated time entry function shall capture an unalterable image of each timesheet as defined in CCR §12168

2. The automated time entry function shall manage all timesheet images and make them available to county office within one (1) business day of input.

3. CMIPS II shall support the ability to search and filter timesheet images, including but not limited to, by Recipient, Provider, case, pay period, or combination of each.

12.1.1.2.4   Verify Timesheet

1. CMIPS II shall verify all timesheets for valid hours, completeness, and accuracy.

2. CMIPS II shall validate that both a Provider and Recipient signatures exist on the timesheet image. If either signature does not exist, the automated time entry shall not process the timesheet. It is not the intent of this requirement that each signature is verified as accurate against a signature on file but that each signature block is not blank.

12.1.1.2.5   Timesheet Payroll Processing

1. CMIPS II shall accept entry of payroll hours on a current and retroactive basis.

2. CMIPS II shall accept payroll entry of hours worked in the following formats, at a minimum:
   a. Daily
   b. Weekly Total
   c. Bi-Weekly Total
   d. Semi-Monthly Total
   e. Monthly Total.

3. CMIPS II shall accept hours and fractions to be recorded to two (2) decimal places.

4. CMIPS II shall provide automated edits and audits of payroll data to allow users to correct errors.

5. CMIPS II shall accept deletions, corrections, and changes to time entry prior to payroll calculation.

6. CMIPS II shall not accept time entry for future hours.

7. CMIPS II shall not accept any time entry prior to the Individual Provider start date.

8. CMIPS II shall not accept more than one (1) time entry per pay period per Provider-Recipient relationship.

9. CMIPS II shall ensure that duplicate timesheets are not processed.

10. CMIPS II shall not accept any time entry for dates during which either the Individual Provider or the Recipient is on leave or terminated.

11. CMIPS II shall validate that the total authorized hours per Provider, per Recipient, and per Provider-Recipient relationship are not exceeded for any pay period.

12. For semi-monthly payroll, CMIPS II shall validate that sixty (60) percent of the total authorized monthly hours per Recipient, per Provider, or per Recipient-Provider relationship are not exceeded for the first pay period in the month.

13. For semi-monthly payroll, CMIPS II shall accept overrides, changes, and corrections to hours worked in excess of sixty (60) percent of total authorized hours in the first pay period in the month.

CMIPS II shall track all timesheets from the time of receipt to final resolution for audit purposes and provide reports of the status, e.g., Entered, Paid, Errored.

12.1.1.3   Timesheet Errors

Individual Providers submit signed timesheets to the timesheet processing location. After timesheet information is captured, CMIPS II shall edit and validate the entries to ensure against erroneous payments. Errors are returned to the CWD and IHSS/PCSP staff will complete error resolution.

1. For timesheets that could be imaged, but cannot complete processing due to errors or inconsistencies, CMIPS II shall notify the applicable county of all timesheet errors and provide the image of the problem timesheet within four (4) hours of discovery. Examples of this type error include, but are not limited to:

   a. No Provider signature on timesheet

   b. No Recipient signature on timesheet

   c. Timesheet hours worked are over authorized hours

2. CMIPS II shall have the ability to link an erred timesheet image with a corrected one.

3. CMIPS II shall have the ability to allow corrections to previously entered time data by authorized users.

12.1.2   Advance Payments

A severely impaired Residual IHSS/PCSP Recipient may request advance payment for Provider services. Advance pay Recipients are not eligible for PCSP funding. Authorization for Advance Payment, when entered into CMIPS II, shall result in an Advance Payment Warrant being issued and mailed to the Recipient. The Recipient receives an advancement of funds to use for payment of services, less withholdings and Share of Cost. The Recipient then pays the Individual Providers. The Contractor mails earning statements and subsequent timesheets to the Individual Providers. The Individual Provider reports the hours worked and signs the timesheets. The Recipient verifies and signs the timesheet. The Individual Provider then delivers the timesheet to the timesheet processing location.

CMIPS II shall facilitate necessary monthly reconciliation of advance payments and received timesheets as defined in Paragraph 12.1.5.1.2, Advance Pay Reconciliation. Reconciliation reports shall be generated by CMIPS II and distributed to the CWD.

1. CMIPS II shall process advance payments to the Recipients based on the total authorized hours.

2. CMIPS II shall include advance payments on the electronic tape claim send to SCO as described in Paragraph 12.1.5.2, Warrant and Timesheet Tape.

12.1.3   WPCS Payments

Qualified WPCS Recipients may receive Waiver Personal Care Services in addition to services under the Personal Care Services Program. Recipients may hire different Individual Providers or use their IHSS/PCSP Individual Provider. IPs record waiver services on separate timesheets and submit the waiver timesheets to the State. State staff will enter the waiver personal care hours into the CMIPS II system. CMIPS II shall process the waiver payroll payments along with the daily payroll.

1. CMIPS II shall accept time entry for WPCS payments only for cases that have been authorized WPCS.

2. CMIPS II shall process WPCS payment for hours worked in addition to the IHSS/PCSP hours.

3. CMIPS II shall capture, display, and track WPCS hours and payments separately from total authorized IHSS/PCSP hours and payments.

3. CMIPS II shall include WPCS payments on the electronic tape claim sent to SCO as described in Paragraph 12.1.5.2, Warrant and Timesheet Tape.

12.1.4   Restaurant Meals Allowance

Qualified IHSS/PCSP Recipients may elect to receive a monthly allowance for restaurant meals in place of meal preparation, related cleanup, and shopping for food services. The restaurant

meals allowance is not reportable income, and is not included in determining contribution and tax thresholds.

1. For every Recipient authorized to receive the restaurant meal allowance, CMIPS II shall include separate restaurant meal warrants on the payroll tape a minimum of twice per month.

2. The amount of the restaurant meal allowance shall be that specified in MPP 30-757.134 (a) (1) (A) or as otherwise provided by law pursuant to W&IC §12303.7.

3. CMIPS II shall include restaurant meals payments on the electronic tape claim send to SCO as described in Paragraph 12.1.5.2, Warrant and Timesheet Tape.

12.1.5 Payroll Management

The Payroll Management function of CMIPS II shall manage the payroll processing for Individual Providers. This function shall include the Payroll Calculation and the Warrant and Timesheet Tape processes.

12.1.5.1 Payroll Calculation

On a daily basis, CMIPS II shall process payroll for all entered timesheets. CMIPS II accurately calculates the gross payroll, subject wages, taxable wages, all deductions, all taxes, and net payroll.

1. CMIPS II shall calculate payments as defined by MPP 30-764.1.11.

2. CMIPS II shall calculate regular gross pay by multiplying hours worked by the Individual Provider's hourly rate.

3. CMIPS II shall accept specific hourly rates for Individual Providers for computation of gross pay.

4. CMIPS II shall compute and validate net pay based on gross pay minus withholdings.

5. CMIPS II shall determine gross and net advance payments pursuant to W&IC §12304 (b) MPP 30-769.731.

6. CMIPS II shall process additional payments due to changes in time, salary, or gross pay for any earning type.

7. CMIPS II shall have the capability to cancel an erroneous payment, and correct payment and deduction history.

8. CMIPS II shall calculate payroll immediately for discharged Individual Providers, pursuant to California Labor Code §201.

9. CMIPS II shall calculate payroll within seventy-two (72) hours upon notification for Individual Providers who quit, pursuant to California Labor Code §202.

10. CMIPS II shall include payments for discharged Individual Providers and those who quit on the electronic tape claim sent to SCO as described in Paragraph 12.1.5.2, Warrant and Timesheet Tape.

11. CMIPS II shall determine the overtime pay rate associated with overtime hours for payment pursuant to all applicable Federal and State laws.

12. CMIPS II shall determine whether Federal, State, or both overtime laws apply based upon the authorized services and the Recipient/Provider relationship.

13. CMIPS II shall calculate overtime on the semi-monthly payroll period using the daily hours worked.

14. CMIPS II shall validate payments to ensure that there are no duplicate payments.

15. CMIPS II shall validate that all deductions are for the correct amount.

12.1.5.1.1 Share of Cost

A portion of Recipients qualifies for IHSS/PCSP services with a "Share of Cost." The Recipient pays this Share of Cost amount directly to the Provider in most cases, with the exception of the Homemaker Mode of service.

The Recipient can, and sometimes must pay the SOC to the county and then the Provider receives full pay through CMIPS MPP 30-755.233(b) 1-2. When the Individual Provider mode of service is used, the IHSS/PCSP Program pays the Individual Provider the balance of the payroll. When the Homemaker Mode of service is used, the SOC must be paid directly to the county. When the County Contractor mode of service is used the SOC is paid directly to the County Contractor Provider. The SOC is then reflected on the invoice submitted to the County by the County Contractor.

If the Recipients share of cost is less then the gross but exceeds the net earnings of a Provider, then the share of cost is paid by the Recipient directly to the county in full or split between Provider and county payments. CMIPS II shall include the Share of Cost amount in the gross wages for tax and deduction purposes. When the Individual Provider mode of service is used, if the Share of Cost exceeds the amount of the Provider's wages for the first pay period of the month, CMIPS II shall produce and the Provider shall receive a zero dollar ($0.00) warrant from the State Controller's Office. The remainder of the Share of Cost will be paid to the Provider after work is completed for the next pay period and CMIPS II shall deduct from the net amount of the warrant, the remaining amount of the Share of Cost.

1. The Share of Cost amount shall be included in the gross wages for tax and withholding calculations.

2. CMIPS II shall deduct the accurate Share of Cost amount from the net wages.

3. If the Share of Cost amount for any pay period exceeds the net wages, CMIPS II shall produce an earnings statement and a warrant for a zero dollar ($0.00) amount. CMIPS II shall deduct the outstanding Share of Cost balance from the subsequent pay period.

4. CMIPS II shall calculate the Share of Cost as a monthly amount. CMIPS II shall not transfer any Share of Cost balance remaining at the end of all monthly time entry processing to a subsequent month.

12.1.5.1.2   Advance Pay Reconciliation

At the beginning of every month, advance pay Recipients receive warrants based on authorized service hours. At the end of the month, both the Recipient and the Individual Provider sign the timesheet and submit it to the payroll processing location to reconcile the payment and services. IHSS/PCSP staff will enter the actual number of hours worked by the Providers into CMIPS II. CMIPS II shall adjust the wages and withholding information to maintain accurate tax records. CMIPS II shall report the wage and withholding information to the tax agencies at the reconciliation process.

At the end of the month, CMIPS II's advance pay reconciliation shall determine that services paid were actually accounted for. Any unrecognized amounts and hours are reported to the user to resolve any discrepancies. In addition, CMIPS II shall produce a monthly report received for each county of all payment activity for advance pay and arrears pay. When needed, CMIPS II shall allow IHSS/PCSP staff to enter advance pay adjustments into CMIPS II.

1. CMIPS II shall support reconciliation of the advance payments with the advance pay timesheets received.

2. CMIPS II shall track and display the status on all advance pay timesheets, including:
   a. Mailed/Sent
   b. Received/Entered
   c. Reconciled
   d. Errors.

3. CMIPS II shall identify the following reconciliation errors:
   a. No hours, wages, Share of Cost, deductions or taxes are accounted for
   b. Less than authorized hours, wages, Share of Cost, deductions or taxes are accounted for
   c. Excess hours, wages, Share of Cost, deductions, or taxes are accounted for.

4. CMIPS II shall accept the following reconciliation adjustments:
   a. Add hours, wages, Share of Cost, deductions, and/or taxes to the Provider, i.e., Provider was 'under-credited'
   b. Subtract hours, wages, Share of Cost, deductions, and/or taxes from the Provider, i.e., Provider was 'over-credited'
   c. Force a balance when there is no type of reconciliation possible, i.e. the Recipient is deceased, no possible refund is available, and the Provider did not work.

5. CMIPS II shall generate a case event as defined in Paragraph 14.1.1, Case Event Management, when an advance pay timesheet has not been received within the time frame defined by MPP 30-767.133(b).

12.1.5.2   *Warrant and Timesheet Tape*

Payroll information must be provided to SCO for processing. The warrant, statement of earnings, and a new timesheet for the next pay period are printed and mailed to the Provider by SCO. STO provides warrant information to the Contractor for update to CMIPS II.

Each business day, the Contractor processes daily payroll and provides a cartridge tape, cross system tape, or FTP including claims files, remittance advice information, and audit data to SCO. The Contractor delivers the recorded payment information daily to CDSS. The Contractor notifies a certifying officer designated by CDSS of the amount of gross payroll and of employer contributions. The certifying officer prepares a Claim Schedule and a Request for Transfer of Funds. The Contractor delivers these documents to SCO. SCO produces and mails Provider and Recipient warrants, earnings statements, and Provider timesheets. Monthly, SCO also produces warrants to disbursing bank for Electronic Funds Transfer (EFT), to the labor organizations for dues deductions, and to Public Authorities or other entities for benefits deductions. The Contractor retrieves a data exchange tape from SCO with warrant numbers, issues dates, and warrant amounts. SCO also produces output for their financial system to move money. The Contractor also retrieves a daily tape of cleared (cashed) and redeposited warrants from STO. The Contractor, utilizing the tape from STO, will update CMIPS II with the warrant and paid information. SCO's turnaround time is two (2) business days for claims received before 3:00 PM.

1. CMIPS II shall produce at least one (1) electronic tape claim file every business day, as defined in the California State Controller's Office Division of Audits Electronic Tape Claim Submission Requirements Manual, which can be found in the Bidders Library.

2. CMIPS II shall include all necessary data, as defined in the California State Controller's Office Division of Audits Electronic Tape Claim Submission Requirements Manual, which can be found in the Bidders Library, in the electronic tape claim file to enable SCO to produce warrants.

3. CMIPS II shall produce the electronic tape claim including variable audit data as defined by SCO Audits and additional Provider information, e.g., timesheet messages.

4. CMIPS II shall make all payments for services directly to the Provider except as defined by MPP 30-769.73.

5. CMIPS II shall allow the user to suspend warrant issuances, regardless of mode of entry or type of warrant, when suspension is completed prior to creation of the electronic tape claim.

6. CMIPS II shall not include suspended warrants in the electronic tape claim transmitted to SCO.

12.1.5.2.1   Earnings Statement

SCO prints and mails the earnings statement with each warrant.

1. CMIPS II shall include all necessary data, as defined in the California State Controller's Office Division of Audits Electronic Tape Claim Submission Requirements Manual, which can be found in the Bidders Library, in the electronic tape claim file to enable SCO to produce one (1) detailed earnings statement for every warrant produced.

2. CMIPS II shall include all necessary information in the electronic tape claim file for detailed earnings statements pursuant to California Labor Code §226.

12.1.5.2.2 Electronic Funds Transfer (EFT)

Electronic Funds Transfer is available to all advance pay Recipients who have received IHSS/PCSP for one year. To request direct deposit by EFT, Recipient submits a Direct Deposit Enrollment Form and a voided personal check to the County Welfare Department. If there are any errors on the form, CWD staff will return the form to the Recipient with a note that identifies the errors and instructions to correct and resubmit the form. County staff will verify the correct account and routing numbers and enter EFT information into CMIPS II in pre-notification status.

The Contractor submits an EFT pre-notification tape to SCO for processing. SCO sends the pre-notification tape to a disbursing bank for processing. If there are any discrepancies, the disbursing bank sends a report to SCO, which SCO forwards to the Contractor. The Contractor places a hold status and notifies the county of all discrepancies. Upon notification from the disbursing bank that the pre-notification was successful, subsequent payments are made by direct deposit. Users may also change, cancel, or inquire on the EFT. The Contractor produces a daily EFT tape for processing by SCO. EFT payments continue until the Recipient requests cancellation.

When errors occur in the direct deposit process the disbursing bank notifies CDSS of the discrepancies by 10:00 AM on the processing day. CDSS notifies the Contractor and advises the State Treasurer's Office to redeposit the funds into the State Treasury. Once the funds have been redeposited, the Contractor notifies the county to void the EFT transaction and to issue an emergency warrant.

1. CMIPS II shall make payments to Advance Pay Recipients by EFT or by paper warrant pursuant to W&IC §12304.3.

2. CMIPS II shall generate payments to be disbursed by SCO by EFT, paper warrant, or by fund transfer between agency appropriations.

3. CMIPS II shall include a pre-notification process to validate transactions in the EFT process.

4. CMIPS II shall process payroll for paper warrants while an EFT record is in pre-notification or on hold.

5. CMIPS II shall capture, track, and display EFT information.

6. CMIPS II shall accept additions, modifications, and deletions to an EFT record.

7. CMIPS II shall continue payments by EFT until the Recipient requests cancellation, or until the Recipient is no longer eligible for advance pay.

8. If an EFT record is left on hold for a system configurable length of time, CMIPS II shall generate a case event as defined in Paragraph 14.1.1, Case Event Management.

9. CMIPS II shall accept designations to the financial account of the Recipient's legal guardian or conservator to receive the direct deposit pursuant to MPP 30-769.732.

12.1.6 Tax and Contribution Management

CMIPS II shall maintain individual records of wages and withholding for each Recipient and Individual Provider. Each Recipient is considered a separate employer for payroll and tax and

contribution purposes. CMIPS II shall calculate, process, transmit, and file quarterly and annual tax reports and payments to the Employment Development Department (EDD), the Internal Revenue Service (IRS), and the Social Security Administration (SSA). CMIPS II shall provide payroll accounting and audit trails. CMIPS II shall also deduct Disability Insurance and Personal Income Tax (PIT), employee taxes and contributions, which are deducted from Provider's earnings. Unemployment Insurance and Employment Training Tax are employer taxes and contributions. The employer taxes and contributions are calculated based on the Recipient and paid by CDSS on behalf of the Recipient. Wage information must be reported at the time it is earned; tax and contribution information must be reported at the time it is paid.

1. CMIPS II shall perform all calculations, withholdings, contributions, transmitting, and reporting of taxes and deductions according to State and Federal laws and as defined by W&IC §12302.2.

2. CMIPS II shall calculate estimated taxes on the gross amount for advance pay Recipients, excluding Personal Income Taxes (PIT) and Federal Income Taxes (FIT), pursuant to MPP 30-769.731.

3. CMIPS II shall report all subject wages, contributions, and tax withholdings as required by IRS, EDD, and MPP 30-769.84.

4. CMIPS II shall have the ability to report on combined cumulative wages, taxes and deductions for a Provider, for all Recipients worked for.

5. CMIPS II shall have the ability to report cumulative wages, contributions, and taxes for each Provider and Recipient, and contribution amount by deduction by period.

6. CMIPS II shall report cumulative wages, contributions and taxes as they were originally calculated on each pay record upon request.

7. CMIPS II shall produce all source files, remittance tapes, paper summaries, and backup listings for all quarterly and annual tax reporting as defined in Artifact 6 - Reports located in the Bidder's Library and Exhibit 6 SyRS-1, Interfaces.

8. CMIPS II shall include any Recipient Share of Cost (SOC) in all tax calculations and reporting.

9. CMIPS II shall exclude deceased Individual Provider wages from all tax withholdings.

10. During the advance pay reconciliation, CMIPS II shall calculate, adjust, and report all wages, taxes and contributions based on the actual hours worked.

12.1.6.1   Federal Taxes

1. CMIPS II shall calculate, maintain, and withhold Social Security (FICA) and Medicare contributions on behalf of the Individual Provider, based on the Provider's total wages pursuant to MPP 30-769.831.

2. CMIPS II shall withhold all employee taxes by payroll deduction pursuant to 26 CFR §31.3102-1.

3. CMIPS II shall use the State of California's Department of Social Services Federal Employer Identification Number (FEIN) for purposes of tax reporting on behalf of all IHSS/PCSP Recipients qualifying as employers to IRS and SSA, pursuant to Internal Revenue Service Code, Section 3504.

4. CMIPS II shall produce Employer's Quarterly Federal Tax Return (Form 941) for tax reporting as defined by the Internal Revenue Service Circular E, Employer's Tax Guide (Publication 15), Internal Revenue Service Household Employer's Tax Guide (Publication 926), and Internal Revenue Service Notice 95-18, Household Employment Taxes Under Section 3510.

5. Annually, CMIPS II shall reconcile Forms 941 with Forms W-2 and W-3.

6. CMIPS II shall report Federal Unemployment Tax (FUTA) by producing the Employer's Annual Federal Unemployment (FUTA) Tax Return (Form 940) as defined by the Internal Revenue Service Circular E, Employer's Tax Guide (Publication 15), Internal Revenue Service Household Employer's Tax Guide (Publication 926), and Internal Revenue Service Notice 95-18, Household Employment Taxes Under Section 3510.

7. CMIPS II shall accurately calculate FUTA based upon Individual Provider wages pursuant to MPP 30-769.82.

12.1.6.2 State Taxes

1. CMIPS II shall produce the Quarterly Wage and Withholding Report (DE 6) as defined by the Employment Development Department (EDD).

2. CMIPS II shall use the individual State Employer Identification Numbers (SEIN) assigned by EDD for tax reporting purposes to EDD.

3. For each Recipient, CMIPS II shall accept and maintain multiple Employer Numbers as assigned by EDD and report accurately for each account number.

4. Once a Recipient has been subject to employer registration, CMIPS II shall include that Recipient in all State tax reporting, regardless of the wages paid, for the remainder of the current and all of the following year.

5. CMIPS II shall process tax payments as defined by EDD. The EDD IHSS/PCSP Reporting Requirements Handbook can be found in the Bidder's Library.

6. CMIPS II shall monitor, track, and reconcile any refunds due to and overpayment paid to EDD.

7. CMIPS II shall reconcile the PIT Wages on the DE 6 with the W-2 amount as defined by EDD.

8. CMIPS II shall report Individual Provider wages quarterly on the Quarterly Wage and Withholding Report (DE 6), on magnetic media, or by Electronic Data Interchange (EDI) as defined by EDD.

9. CMIPS II shall produce a Payroll Tax Deposit (DE 88) coupon for each tax-reporting Recipient as defined by EDD.

10. CMIPS II shall produce an Annual Reconciliation Statement (DE 7) for each Recipient as defined by EDD.

11. CMIPS II shall accurately calculate, reconcile and report total subject wages, UI wages, SDI wages; UI, ETT, and SDI contributions paid; and PIT Withholding taxes due for each Recipient for the entire year on the DE 7, Annual Reconciliation Statement, pursuant to;

    EDD Household Employer's Guide (DE 8829),

    EDD Employer's Guide (DE 44), and the

    EDD Information Sheet – Household Employment (DE 231L).

12. CMIPS II shall timely and accurately produce quarterly and annual reports of contributions, reports of wages, and electronic fund transfers of contributions pursuant to California Unemployment Insurance Code (UIC) §1088. This is currently reported on the DE 6 and DE 7.

13. CMIPS II shall generate a separate Annual Reconciliation Statement (DE 7) per Recipient for each valid Employer Number that had been reported on during the year.

12.1.6.3   Employer Registration

EDD requires all employers (Recipients) subject to the California payroll tax laws to submit a registration form. CMIPS II shall submit a tape to EDD of all Recipients who meet the employer registration requirements. EDD processes the tape and returns an eight-digit employer account number (State Employer Identification Number, SEIN) for each Recipient. CMIPS II shall maintain and report taxes using the same Employer Account Number for those Recipients.

1. CMIPS II shall register and obtain employer account numbers pursuant to W&IC §12302.2.

2. Via automated data exchange, CMIPS II shall obtain and use an EDD assigned employer identification number for each qualifying IHSS/PCSP Recipient.

3. For new Recipients, CMIPS II shall estimate total wages for the remainder of the quarter using authorized hours and Provider pay rates.

4. CMIPS II shall determine the Recipients to be included in the Registration Form (DE 1) based on the total accumulated subject wages paid to all of their related Providers each quarter, as defined by EDD.

5. CMIPS II shall produce the employer registration (DE 1) tape sent to EDD in order to obtain the correct Employer Numbers for each Recipient as defined in Exhibit 6 SyRS-1, Interfaces. The employer registration information sent to EDD shall also include indicators for:

a. Recipient's SSN has been successfully validated

b. Elective SDI coverage.

6. CMIPS II shall obtain updated Employer Numbers for every change in total subject wages that brings the Recipient over or under EDD defined thresholds.

7. CMIPS II shall accept and process the employer registration results.

a. CMIPS II shall produce a case event for situations requiring investigation, such as multiple account numbers for one Recipient and wages of over the EDD defined threshold with a 500 series number assigned.

8. For each Recipient, CMIPS II shall accept and maintain multiple Employer Numbers as assigned by EDD.

9. CMIPS II shall provide updates to EDD for Recipient changes, including but not limited to: demographic changes, address changes, death notifications, leaves, and terminations.

10. For any Recipient who, within the last 3 years, has an Inter-county transfer, a leave and reinstatement, or a termination and new case, CMIPS II shall include the prior valid Employer Number with the registration information.

11. CMIPS II shall accept employer account number updates electronically from EDD.

12.1.6.4 Employee's Withholding Allowance Certificate (W-4 and DE-4)

Individual Providers who are paid in arrears may have Federal Income Tax (FIT) and Personal Income Tax (PIT) withheld from their paycheck if they apply and meet certain eligibility requirements established by IRS. For Individual Providers, income tax withholding is voluntary. The Individual Provider may also submit a W-4 claiming an exemption from withholding. When an Individual Provider is initially established in CMIPS II, the Individual Provider can complete an Employee's Withholding Allowance Certificate, Form W-4, and/or Form DE 4, and submit it to the county. IHSS/PCSP staff verifies that the W-4 or DE 4 is completed correctly, and either forwards the documents to the Contractor for data entry or enters the information in CMIPS II.

When an Individual Provider enters a dollar amount requesting that additional monies for either FIT or PIT be withheld, CMIPS II shall withhold this amount from each paycheck. An Individual Provider can also request that different amounts be withheld for FIT and PIT. In order to claim a different marital status or withhold a different dollar amount for Personal Income Tax (PIT) than is specified on the W-4, the Provider must file a DE 4 for PIT. Providers may only file a DE 4 if the Provider has previously filed a W-4.

1. CMIPS II shall accept W-4 and DE 4 entry of all information including but not limited to that defined in Paragraph 19, Information Groupings.

2. CMIPS II shall have the ability to both apply one W-4 and one DE 4 document to all Provider/Recipient relationships, and apply different W-4 and DE 4 documents for each Provider/Recipient relationship.

3. CMIPS II shall accept additional different withholding amounts for both FIT and PIT.

4. CMIPS II shall accept an exemption from withholding for both FIT and PIT.

5. CMIPS II shall not apply any W-4 and DE 4 withholding amounts unless designated by the Provider.

6. CMIPS II shall not apply DE 4 withholdings for an Individual Provider unless W-4 withholdings have been applied.

7. CMIPS II shall calculate and process PIT withholdings based on the DE 4 information.

8. If a separate DE 4 has not been entered, CMIPS II shall calculate and process PIT withholdings based on the W-4 information.

9. CMIPS II shall calculate and process FIT withholdings based on the W-4 information.

12.1.6.5 *Earned Income Credit (EIC) (W-5)*

If their income falls below a specified limit, Individual Providers qualify for an Earned Income Credit toward their Federal tax liability. If they are eligible based on the eligibility requirements contained in the Internal Revenue Code and IRS form W-5, they may elect to receive an advance EIC payment by completing and submitting an EIC Advance Payment Certificate (W-5).

The Individual Provider obtains, completes, and submits the W-5 form to the county. County staff will verify if the form is correct and either forward the forms to the Contractor for data entry or enter the information in CMIPS II.

1. CMIPS II shall capture, track, and display the W-5 information.

2. CMIPS II shall accept an electronic equivalent for W-5 forms if the forms and procedures for implementing their usage have IRS approval.

3. CMIPS II shall accept one (1) W-5 form entry for each Provider/Recipient relationship.

4. CMIPS II shall allow only one (1) active earned income credit for each Individual Provider.

5. CMIPS II shall revoke the earned income advance payments when the Individual Provider wages from any single Recipient equal the maximum allowable, pursuant to the Internal Revenue Service Circular E, Employer's Tax Guide (Publication 15) and the Internal Revenue Service Household Employer's Tax Guide (Publication 926).

6. CMIPS II shall automatically revoke all W-5 designations at the end of each calendar year pursuant to the Internal Revenue Service Circular E, Employer's Tax Guide (Publication 15) and the Internal Revenue Service Household Employer's Tax Guide (Publication 926).

7. CMIPS II shall calculate the Earned Income Credit (EIC) advance payment pursuant to all regulations and guidelines contained in the Internal Revenue Service Circular E, Employer's Tax Guide (Publication 15) and the Internal Revenue Service Household Employer's Tax Guide (Publication 926).

8. CMIPS II shall include all advance EIC payments in the payroll processing for submission to SCO.

9. The EIC payments shall be effective and payable in CMIPS II, on the first payroll period after the W-5 receipt date, pursuant to the Internal Revenue Service Circular E, Employer's Tax Guide (Publication 15) and the Internal Revenue Service Household Employer's Tax Guide (Publication 926).

10. CMIPS II shall not include advance EIC payments as wages and shall not withhold income, social security, or Medicare taxes, pursuant to the Internal Revenue Service Circular E, Employer's Tax Guide (Publication 15) and the Internal Revenue Service Household Employer's Tax Guide (Publication 926).

11. CMIPS II shall add the EIC payment to the employee's net pay for the pay period, pursuant to the Internal Revenue Service Circular E, Employer's Tax Guide (Publication 15) and the Internal Revenue Service Household Employer's Tax Guide (Publication 926).

12. CMIPS II shall accurately report the total advance EIC payments on Form W-2 and Form 941, pursuant to the Internal Revenue Service Circular E, Employer's Tax Guide (Publication 15) and the Internal Revenue Service Household Employer's Tax Guide (Publication 926).

12.1.6.6 *Unemployment Insurance (UI)*

Unemployment Insurance is an employer-paid tax based on UI taxable wages established as part of a national program administered by the U.S. Department of Labor under the Social Security Act. The UI program provides temporary payments to individuals who are unemployed through no fault of their own. The UI program is based on Federal law, but executed through State law. Employers finance the UI program by tax contributions. In California, EDD administers the UI program according to guidelines established by the UI Code and the California Code of Regulations, Title 22. UI tax-rated employers pay a percentage on wages for each employee in a calendar year. The UI rate schedule and amount of taxable wages are determined annually for each employer.

1. For the purpose of determining UI, CMIPS II shall determine family employment pursuant to 22 CCR §631-1.

2. For the purpose of determining UI, CMIPS II shall determine domestic services pursuant to 22 CCR §629-1.

3. CMIPS II shall capture, calculate, track, and display all required UI information, at a minimum, pursuant to CA UIC 1088.

4. CMIPS II shall have the ability to report all new employees as described in CA UIC §1088.5(d)(4).

5. CMIPS II shall not apply UI tax to any Recipient who provides an exemption pursuant to CA UIC §13026.

6. CMIPS II shall capture and track Recipient accounts claiming a UI exemption.
   a. CMIPS II shall calculate UI contributions on accounts claiming an UI exemption.
   b. CMIPS II shall not report UI contributions to EDD.
   c. CMIPS II shall maintain the calculated UI contributions for audit purposes.

7. CMIPS II shall accurately calculate UI based on Employer wages pursuant to the California Unemployment Insurance Code (CA UIC) §13020, and the California Code of Regulations, Unemployment and Disability Compensation. The UI Tax Rates are provided by EDD electronically once a year.

12.1.6.7   Workers' Compensation Benefits and Claims

Welfare and Institutions Code §12302.2 requires worker's compensation coverage for Individual Providers. Pursuant to MPP 30-769.81, CDSS has elected to provide the worker's compensation coverage through a single statewide insurance policy with the State Compensation Insurance Fund (SCIF).

An Individual Provider injured in the course of employment receives an IHSS/PCSP Employee's Claim for Workers Compensation Benefits (SOC 412) within one (1) business day of notifying the county of the injury. The Individual Provider completes and returns the claim form. The county files the form with SCIF within fourteen (14) business days from the date of knowledge of the injury. In addition to the claim form, the county also files an injury report with SCIF within five (5) business days of the Recipient or county's knowledge of the injury.

Through an automated interface, CMIPS II shall receive claim information from SCIF. When payroll is processed for any Individual Provider with an active claim, CMIPS II produces alerts for the CWD.

1. CMIPS II shall accept Worker's Compensation data directly from SCIF as defined in Exhibit 6 SyRS-1, Interfaces.

2. When a timesheet is entered for an Individual Provider with an active claim, CMIPS II shall produce a case event as defined in Paragraph 14.1.1, Case Event Management.

12.1.6.8   State Disability Insurance (SDI)

The California Employment Development Department (EDD) administers the State Disability Insurance program. SDI is a deduction from employees' wages that provides temporary payments to workers who are unable to perform their usual work because of a pregnancy or a non-occupational illness or injury. The SDI rate and taxable wage limit may change each year.

There are two types of SDI coverage: Standard and Elective. Standard SDI is available to eligible Individual Providers whose employer (the Recipient) meets a minimum quarterly payroll. Non-family and a Recipient's adult child are eligible for standard SDI. Spouses, parents, and minor child Providers are eligible for elective SDI coverage. Elective SDI coverage does not require the Individual Providers to meet any quarterly wage minimum.

Upon request for Elective SDI coverage, the Recipient and Individual Provider complete an Elective SDI Form and submit the form to the CWD. County staff review the form for completeness and signatures. Upon receipt of a properly completed form, county staff will enter the appropriate information in CMIPS II. CMIPS II will calculate and withhold the disability insurance tax.

Upon a request for termination of Elective SDI, the Recipient completes, signs, and submits an Elective SDI Form to the CWD. County staff review the form for completeness and signatures. Upon receipt of a properly completed form, CMIPS II shall allow county staff to terminate the disability insurance tax withholding in CMIPS II.

1. For each SDI withholding request, CMIPS II shall determine eligibility for both Standard and Elective SDI coverage pursuant to all regulations and guidelines contained in the

Employment Development Department Household Employer's Guide (DE-8829), the Employment Development Department Employer's Guide (DE-44), and the Employment Development Department Information Sheet – Household Employment (DE 231L).

2. CMIPS II shall withhold elective SDI tax commencing with the Individual Provider's first warrant after the SDI beginning date.

3. Once authorized, CMIPS II shall maintain the Recipient and Individual Provider under Elective SDI for at least two (2) complete calendar years.

4. Upon request for termination of Elective SDI, CMIPS II shall calculate the earliest ending date for Elective SDI based on the Elective SDI participation requirements.

5. CMIPS II shall determine family member Individual Providers as defined by 22 CCR §631-1.

6. CMIPS II shall convert a son or daughter Individual Provider who is covered under elective SDI to Standard SDI upon the Individual Provider's eighteenth (18th) birthday, if the employer's payroll meets the standard SDI eligibility criteria.

7. CMIPS II shall terminate all SDI coverage for a son or daughter Individual Provider upon the Individual Provider's eighteenth (18th) birthday if the standard SDI payroll eligibility criteria are not met.

8. Once a family member Individual Provider has been covered by Elective SDI, CMIPS II shall allow termination only upon one of the following circumstances:

   a. When the Individual Provider who is covered by Elective SDI permanently terminates providing IHSS/PCSP services for their family member Recipient

   b. When a child Individual Provider reaches his/her eighteenth (18th) birthday, and the quarterly employer's payroll was not met

   c. The Recipient chooses to terminate coverage after the two (2) calendar years requirement has been met.

9. CMIPS II shall accurately calculate and withhold SDI from Individual Provider' wages pursuant to MPP 30-769.832.

10. CMIPS II shall calculate SDI tax based on the employee's total wages, including the Recipient's Share of Cost.

11. Upon approval for Elective or Standard SDI, CMIPS II shall submit all payments and reports pursuant to regulations and guidelines contained in the Employment Development Department Household Employer's Guide (DE-8829), the Employment Development Department Employer's Guide (DE-44), and the Employment Development Department Information Sheet – Household Employment (DE 231L).

12.1.6.9   *Tax and Contribution Adjustments*

1. Any adjustment or corrections to contributions or tax withholds shall be corrected with the applicable tax agency (EDD, IRS, etc.).

2. CMIPS II shall support adjustment, reporting of adjustments to relevant agencies, and reconciliation of adjustments.

3. CMIPS II shall support the reporting of adjustments in the correct quarter.

4. For every Individual Provider and Recipient, CMIPS II shall track when each tax, wage, and contribution was reported to each tax agency.

5. For Advance Pay cases, if services were provided in one (1) quarter (wages earned), and the reconciliation process occurred in a subsequent quarter (taxes and contributions reported), CMIPS II shall report adjustments to EDD.

6. For arrears cases, if services were provided in one (1) quarter (wages earned), and the timesheets received and paid in a subsequent quarter (taxes and contributions reported), CMIPS II shall report adjustments to EDD.

7. All adjustments shall be reported to EDD per Recipient and account (State Employer Number) for prior quarters.

8. CMIPS II must not report offsetting credit and debit adjustments between Recipient accounts to EDD. (For example if Recipient account A has a credit of $100 and Recipient account B has a debit of $100, both adjustments must be reported separately.)

9. For contribution adjustments, if the corresponding DE-6 has been filed, CMIPS II shall report the adjustment on the DE-88 to EDD.

10. For contribution adjustments, if the corresponding DE-6 has not been filed, CMIPS II shall adjust the contributions internally and not report the adjustment to EDD.

11. For contribution adjustments, if the corresponding DE-7 has been filed, CMIPS II shall report the adjustment on the DE-678 to EDD.

12. CMIPS II shall report all wage adjustments by quarter on the DE-678 to EDD for prior quarters.

13. CMIPS II shall report corrections to Individual Provider's name or SSN on the DE-678 to EDD.

14. CMIPS II shall report adjustments on Form 941 as defined by the Internal Revenue Service Circular E, Employer's Tax Guide (Publication 15) and Internal Revenue Service Household Employer's Tax Guide (Publication 926).

15. CMIPS II shall accept adjustments due to discrepancies between Forms 941 filed with the IRS and Forms W-2 and W-3 filed with SSA.

16. CMIPS II shall support annual reconciliation of employer and employee tax withholdings and payments with EDD, IRS and SSA.

17. At the end of the year CMIPS II shall have the ability to audit and if necessary adjust employer contributions due to changes in wages or exemptions.

12.1.6.10   *Federal Insurance Contributions Act (FICA) Tax Refund*

Federal Insurance Contributions Act (FICA) (Social Security and Medicare taxes) is only payable by Individual Providers who earned more than the IRS defined threshold at the end of each calendar year. If FICA deductions were taken for Individual Providers who earned less than the IRS defined threshold, the Contractor makes any necessary corrections and produces a FICA refund.

1. CMIPS II shall calculate the amount of FICA Refund for each Individual Provider pursuant to IRS Publication 15, Circular E, Employer's Tax Guide and Internal Revenue Service Household Employer's Tax Guide (Publication 926).

2. At the end of each calendar year, CMIPS II shall produce FICA Refunds warrants via the SCO.

3. CMIPS II shall accept FICA refund cancellations, voids, and replacements.

4. CMIPS II shall accept corrections and changes to the FICA refunds.

12.1.6.11   Wage and Tax Statement (W-2)

By each January 31st, the Contractor produces and mails W-2s to all Individual Providers who received credit for IHSS/PCSP payroll earnings during the prior year. W-2 forms are issued based upon all activity occurring within a case during the prior year, including all reconciliation, late time sheets, and adjustments. The Individual Providers receive one (1) W-2 for every Recipient for whom they worked; if an Individual Provider works for five (5) Recipients, the Individual Provider receives five (5) W-2s. Recipients and County Contractors do not receive W-2s

The Contractor produces the annual W-2 tape and all necessary reports. The Contractor sends the W-2 tape, Copy A of Forms W-2 and Form W-3 Summary Transmittal to the Social Security Administration by the last day of March to report the wages and taxes of the Individual Providers for the previous calendar year.

If the Individual Provider claims to have not received a W-2 or requests an amendment, the Individual Provider contacts the county. For every correction made and W-2c issued, the Contractor files correction forms W-2c and W-3c with SSA.

1. CMIPS II shall produce Federal W-2 forms and tapes for the preceding calendar year pursuant to IRS Publication 15, Circular E, Employer's Tax Guide and Internal Revenue Service Household Employer's Tax Guide (Publication 926).

2. CMIPS II shall produce Federal W-2 forms for Individual Providers pursuant to Federal and State laws.

3. CMIPS II shall produce a W-3 Summary Transmittal Form pursuant to IRS Publication 15, Circular E, Employer's Tax Guide and Internal Revenue Service Household Employer's Tax Guide (Publication 926).

4. If the Individual Provider applied for an SSN but has not received it at the time of filing, CMIPS II shall produce Form W-2 with an SSN of "Applied for."

5. When an Individual Provider SSN modification is entered, CMIPS II shall produce Form W-2c, Corrected Wage and Tax Statement, to show the Individual Provider's SSN for each prior year.

6. CMIPS II shall provide the ability to print duplicate W-2s if the original is lost, stolen, destroyed, or never received.

7. CMIPS II shall accept corrections to the demographic data in W-2 records, including, names, SSNs, or addresses.

8. CMIPS II shall produce correction forms W-2c and W-3c pursuant to SSA Publication No. 31-011, Software Specifications and Edits for Correcting Annual Wage Reports.

12.1.7   Deduction Management

CMIPS II shall provide the capability for deductions to be withheld from the Individual Providers' warrants. Deductions are based on the date worked, not on the date paid.

1. CMIPS II shall capture, track and display deductions.

2. CMIPS II shall process arrears deductions based upon the date the withholding was worked.

3. CMIPS II shall withhold deductions from a late (prior pay period) payment.

4. CMIPS II shall accept mandatory and voluntary designations to withholdings.

5. CMIPS II shall withhold deductions based on: fixed amount, percent of gross or net wages, table amount, and formula amount.

6. CMIPS II shall accept both Pre-tax and Post-Tax Deductions.

7. CMIPS II shall have the ability to automatically adjust deductions when wage adjustments are made.

8. CMIPS II shall have the ability to revoke a deduction if a certain deduction limit is reached.

9. CMIPS II shall have the ability to prioritize the order in which deductions are processed.

10. CMIPS II shall process deductions in order of priority.

11. CMIPS II shall have the ability to manage which pay periods a deduction is taken, e.g., the first or second pay-period in any month.

12. CMIPS II shall have the ability to set a calendar schedule for a deduction including but not limited to every paycheck, monthly, quarterly, semi-annually and annually.

13. CMIPS II shall support not less than ninety-nine (99) deductions for an individual.

14. CMIPS II shall accept and processes interface files from the unions and public authorities; deduct from provider accounts; and include payment information on SCO tape when required.

12.1.7.1   Lien Management

The Lien Management functionality of CMIPS II shall provide the capability to execute tax liens, levies, and wage garnishments. The Contractor receives the request for lien, verifies the lien request document, and enters the lien information in the system. During the payment cycle, if an Individual Provider has a lien on file, CMIPS II shall withhold the calculated or entered lien amount from the payment and apply the amount to the lien balance. Lien warrants are issued by SCO.

1. CMIPS II shall accurately and timely collect, calculate, and report on liens.

2. CMIPS II shall capture, process, track and report lien transactions.

3. CMIPS II shall calculate the maximum allowable lien amount pursuant to the California Labor Code §300 and/or 29 CFR §870.10.

4. CMIPS II shall not calculate or withhold any deductions from lien payments except taxes.

5. CMIPS II shall issue payment via SCO for lien deductions to the lien holder.

6. CMIPS II shall accept a revoke to a lien pursuant to the California Labor Code §300.

7. CMIPS II shall process overpayments, adjustments, stop payments, voids, and replacements on lien payment warrants.

8. Wage Garnishments shall be processed in accordance with the provisions of "The Wage Garnishment Law" (Cal. Code of Civil Procedure § 706.010, et seq.)

12.1.7.2   Provider Benefits

Public Authorities (PAs) or their equivalent may offer benefits to Individual Providers within their county. If the Individual Provider elects to pay benefits premiums by payroll deduction, the PA submits a file to the Contractor who will use the electronic data to update CMIPS II. CMIPS II shall, while processing the daily warrants, deduct the benefits deductions from the Individual Provider's wages. CMIPS II shall produce a monthly report and warrant for each PA.

1. CMIPS II shall accept a file of benefit deductions from Public Authorities or their equivalent.

2. CMIPS II shall accommodate multiple types of benefit deductions as determined by the State.

3. CMIPS II shall process one (1) consolidated benefits deductions payment per PA or equivalent per month.

4. CMIPS II shall issue payment via SCO for benefits deductions to the PA or equivalent.

5. CMIPS II shall produce detailed reconciling reports for PA payments showing individual deductions.

12.1.7.3   Labor Organization Dues

Individual Providers may be labor organization members. If payroll deductions are required, the labor organization submits a file to the Contractor who will use the electronic data to update CMIPS II. CMIPS II shall, while processing the daily payroll, deduct the labor organization dues

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from the Individual Provider's wages. CMIPS II shall produce a report and warrant for each labor organization.

1. CMIPS II shall process one (1) consolidated warrant of all labor organization dues deductions per labor organization local per county, per month.

2. CMIPS II shall issue payment via SCO for labor organization dues to the labor organizations.

3. CMIPS II shall produce detailed reconciling reports for labor organization payments showing individual deductions.

12.2 Warrant Management

The Warrant Management function of CMIPS II shall allow the CWD to process changes to warrant transactions. The Warrant Management subcomponent shall include the following functions: Overpayment, Adjustment, Emergency/Supplemental Warrants, Replacement Warrants (includes lost, stolen, voided, and stale dated warrants), and Redeposits.

12.2.1   Overpayment

Upon determination of an overpayment, IHSS/PCSP staff enter the overpayment information in the system. The payee (either the Recipient or the Provider) may voluntarily authorize cash recovery of the overpayment in lieu of payment adjustments. For each payment, CMIPS II shall determine if any collection needs to be applied. If a payee has an overpayment on file, CMIPS II shall withhold the specified amount or percent from the payment and apply the withheld amount to the overpayment balance.

When the full overpayment has been collected or upon the user closing the overpayment, CMIPS II shall reallocate the recovery to the county. If a warrant that contains an overpayment deduction is voided, CMIPS II shall reverse the deduction at the time of the void, corrects the overpayment balance and produce a monthly reconciliation report for the county.

1. CMIPS II shall capture, track, and process overpayment recoveries in any combination of the following methods: balancing, payment adjustment, and voluntary cash recovery.

2. CMIPS II shall display current and prior overpayment collections.

3. CMIPS II shall calculate the amount of overpayments.

4. CMIPS II shall calculate the amount of Provider overpayments as defined in MPP 30-769.91.

5. CMIPS II shall calculate the amount of overpayments due to increased Share of Cost or ineligibility as defined in MPP 30-768.6b, c & d.

6. CMIPS II shall allow the user to enter an overpayment amount, accept the system-calculated amount, or adjust the system-calculated amount.

7. When processing an overpayment, CMIPS II shall recalculate and make any necessary adjustment to all taxes, and deductions.

8. When processing an overpayment, CMIPS II shall adjust all accumulated totals for gross, withholdings, and net.

9. If a warrant is voided that contains an overpayment deduction, CMIPS II shall reverse the overpayment deduction at the time of the void and correct the overpayment balance.

10. CMIPS II shall accept holds and closures to the automated collection of overpayments made to Recipients and Providers.

12.2.2 Adjustments

CMIPS II shall process adjustments to previous transactions. Adjustment transactions include history adjustment to previous payments, refund warrants to counties, supplemental adjustments, reconciliation of advance payments, Contractor adjustments, reversal of expenditures between PCSP and Residual IHSS, Worker's Compensation awards, or other health coverage. Upon determination that an adjustment is needed, or upon receipt of payments for Share of Cost or overpayment collection, IHSS/PCSP staff enter adjustment information in the system. CMIPS II shall generate notification to CDSS that payment has been received and deposited. If the adjustment results in an underpayment to a Recipient or Provider, CMIPS II shall process an Emergency/Supplemental warrant.

1. CMIPS II shall capture, track, and display the status of payments made from Recipients and Providers directly to the CWD and CDSS.

2. CMIPS II shall process adjustments, including refund warrants to counties, supplemental adjustments, reconciliation of advance payments, Contractor interface adjustments, and adjustments as a result of workers compensation awards or other health coverage.

3. CMIPS II shall process retroactive Provider payment adjustments.

4. When processing an adjustment, CMIPS II shall recalculate and make any necessary adjustments to taxes, contributions, and deductions. CMIPS II shall report tax and contribution adjustments as defined in Paragraph 12.1.6.9, Tax and Contribution Adjustments.

5. CMIPS II shall calculate adjustments to tax records pursuant to MPP 30-769.255.

6. If the adjustment results in an underpayment, CMIPS II shall produce the appropriate payment pursuant to MPP 30-768.432.

7. CMIPS II shall calculate the amount of underpayments due to an incorrect service authorization, Share of Cost, or restaurant meals as defined in MPP 30-768.42.

12.2.3 Emergency/Supplemental Warrants

CMIPS II shall produce an Emergency/supplemental warrants to initiate and authorize an initial payment for an advance pay Recipient, as a supplemental payment for a prior underpayment to a Recipient or Provider, for payments resulting from retroactive State hearing decisions or a Superior Court pursuant to a Writ of Administrative Mandamus for reimbursing a Provider for an

invalid lien deduction, or for other unusual situations not provided for by the regular payroll process.

When county IHSS/PCSP staff determine the Recipient or Provider needs an emergency or supplemental warrant issued, the user enters the appropriate pay information in the system. CMIPS II shall generate a notification for supervisory review. On supervisory approval, CMIPS II shall begin the warrant generation process and CMIPS II shall notify the requestor of the approval. If not approved, CMIPS II shall notify the requestor of reason for denial to resolve issues and resubmit. CMIPS II shall process the request and include the payment on the daily payroll tape with the normal warrant requests. CMIPS II shall produce Emergency/supplemental warrant within three (3) business days of their request by the county, excluding weekends and State holidays.

1. CMIPS II shall have the ability for the user to request and track emergency/supplemental warrants.

2. CMIPS II shall have the ability for the user to add, change, or delete a request for an emergency/supplemental warrant until processed.

3. CMIPS II shall have the ability to request emergency/supplemental warrants for payments resulting from retroactive State hearing decisions or a Superior Court pursuant to a Writ of Administrative Mandamus, resulting from prior underpayments, in excess of the base rate, for severely impaired Recipients in advance pay status who become eligible for payment between a pay cycle, where the county finds that an emergency situation exists, to counties for reimbursements of emergency checks, for other unusual situations not provided for by the regular payroll process and where the county deems appropriate as defined by MPP 30-769.252.

4. CMIPS II shall process and issue approved requests for emergency/supplemental warrants within three (3) business days, excluding weekends and State holidays.

5. CMIPS II shall include the emergency/supplemental warrants in the daily payroll tape with the normal warrant requests.

6. For any new request or change to an existing request for an emergency/supplemental warrant, CMIPS II shall produce a pending authorization as defined in Paragraph 14.1.2, Case Authorization Management.

7. CMIPS II shall not process overpayments, liens, labor organization deductions, or benefit deductions from an emergency/supplemental warrant if the monthly obligation has already been processed for any given month.

8. CMIPS II shall have the ability to ensure a supervisor review and approval of supplemental/emergency warrant requests.

12.2.4   Replacement Warrants

When a Recipient or Provider payee's warrant is lost (includes never received), stolen, or mutilate a replacement warrant can be generated for the payee.

1. CMIPS II shall have the ability to generate a replacement warrant request to be sent to SCO via the daily payroll process.

2. CMIPS II shall prevent a user from requesting a replacement on a cashed warrant until the investigation is resolved.

3. CMIPS II shall not accept a request for a replacement warrant sooner than five (5) days after the original warrant issue date pursuant to MPP 30-769.253.

12.2.4.1 Stolen Warrants

In the event the payee notifies the CWD that a warrant has been stolen, IHSS/PCSP staff will use CMIPS II warrant information received from STO to determine if the missing warrant has been cashed. On request by the user, CMIPS II shall generate a request to be sent to the Contractor requesting a copy of the cashed warrant. The Contractor shall process the request for the copy of the cashed warrant.

The payee completes an Affidavit of Lost/Stolen Warrant Form. IHSS/PCSP staff send the Affidavit to the Contractor for forwarding to the State Controller's Office. If the warrant has not been cashed, IHSS/PCSP staff proceed to Stop Payment/Void and Replacement Warrant process.

If the warrant was cashed, on receipt of the copy of the cashed warrant, the CWD verifies the signature on the warrant. If the situation is resolved (payee remembers cashing check), the issue is ended. If the payee declares that forgery has occurred, the county has the payee complete a Forged Endorsement Affidavit form. The forgery documentation is sent to the Contractor for forwarding to the State Controller's Office to begin criminal investigation. The processing of the Affidavit takes a minimum of ninety (90) days. On resolution of the criminal investigation and recovery of the funds, the State Controller's Office issues a replacement warrant.

1. CMIPS II shall track the date the Forged Endorsement Affidavit form is signed by the payee and submitted to SCO.

2. CMIPS II shall have the ability to produce a listing of requests for copy of cashed warrant.

12.2.5 Voided Warrants

In the event a warrant is identified as lost, becomes mutilated, or county staff determine a stop payment is necessary, CMIPS II shall allow for the warrant to be voided. County staff may request a Void transaction to issue a stop payment for warrants issued for the incorrect amount, to an incorrect payee, to an ineligible payee, or for lost warrants.

1. CMIPS II shall have the ability to place a stop payment/void on a warrant pursuant to MPP 30-769.254.

12.2.6 Redeposits

When warrants are returned to the SCO as undeliverable, SCO redeposits the warrants into the fund from which they are drawn, detaches the timesheet and earnings withholding statement, and files the warrants. SCO forwards the timesheet and earnings statement to CDSS, who forwards the documents to the Contractor. The Contractor updates CMIPS II to reflect that the warrant

was returned and redeposited. The Contractor sends the stub and the timesheet to the CWD. County staff verify the warrant mailing address, make any necessary corrections, and reissue the warrant.

In addition, previously voided warrants are recovered and must be redeposited. CDSS notifies the State Board of Control when this occurs and requests a Release of Void. When the release is approved, the State Board of Control sends the warrant to SCO for redeposit. SCO notifies CDSS when the redeposit has been made. CDSS notifies the Contractor, who updates the system. If the warrant is not recovered, it remains in a void status to prevent cashing of the warrant.

1. CMIPS II shall update warrant information to reflect redeposit information including date of warrant return, and date of redeposit.

2. CMIPS II shall have the ability to reissue a new warrant on redeposit of returned warrant.

12.2.7 Stale Dated Warrants

Stale dated warrants are those warrants that are not cashed within one year of issuance. SCO initiates the voids on these warrants and redeposits the amounts. Recipients and/or Providers in possession of stale dated warrants will need to request a replacement warrant.

1. CMIPS II shall receive stale dated warrant information from SCO and update the corresponding warrant information within CMIPS II.

12.3 Provider Pay Rate Management

Each county has a default (minimum) pay rate for their Individual Providers. Each county also has the ability to enter a Provider wage different from the default rate. The counties may change the default rate, upon approval by CDSS, at any time. There is no limit to the number of wage changes in any year. Each county has a County Contractor rate set by their contract with the County Contract agency. Each county also has a default pay rate for their Homemakers.

1. CMIPS II shall capture, track, and maintain Provider pay rates, by Provider mode and by county, with effective dates.

2. CMIPS II shall maintain multiple rates for each Provider mode.

3. When a user enters a wage rate, CMIPS II shall validate the entered rate against both the default and the maximum valid rates for the county for that mode.

4. CMIPS II shall capture and track the default rate and maximum rate for each Provider mode effective in each county.

5. CMIPS II shall have the ability to maintain multiple rates (one per Recipient) for each Individual Provider with effective dates.

6. CMIPS II shall accept initial wage rate assignments to an Individual Provider, to a group of Providers, and to a county.

7. When no wage rate is entered for an Individual Provider, CMIPS II shall assign the default county rate.

8. CMIPS II shall process timesheets using the wage rate in effect during the time period worked regardless of the date of receipt of the timesheet.

12.3.1   Rate Changes

When Providers receive county wage increases, CMIPS II shall allow for an increase to the prior authorized county rate (default rate) by the percent increase of the wage increase. Whenever a rate change occurs, CMIPS II shall proceed to the Final Determination Process to recalculate eligibility. CMIPS II shall also apply rate changes for the Homemaker and County Contractor modes. Since the system does not generate payments for these service delivery modes, the rate information is used only for case management and management information purposes.

1. CMIPS II shall accept and process changes to the wage rate for: all Providers statewide, and for each Provider, by county, or by Provider mode.

2. CMIPS II shall process wage rate changes for Individual Provider, County Homemaker, and County Contract service delivery modes.

3. They system shall accommodate Provider wage increases that affect up to 100 percent of the Providers when required.

4. For a countywide percent wage increase, CMIPS II shall increase the prior authorized county default rate by the percent increase.

5. Pursuant to 29 CFR §778.303, when a retroactive wage increase is paid to the Provider, CMIPS II shall process all retroactive compensation at the same time.

6. Upon any Provider wage rate change, CMIPS II shall apply the new rate to all subsequent payments without user intervention.

7. Upon any retroactive Provider wage rate change, CMIPS II shall adjust prior payments and process the adjustments without user intervention.

8. Upon any Provider wage rate change, CMIPS II shall recalculate the cost of IHSS/PCSP services (monthly hours multiplied by the Provider pay rate) as defined in Paragraph 11.1.5, Final Determination.

9. Upon any Provider wage rate change, CMIPS II shall compare the Share of Cost to the cost of IHSS/PCSP services and re-determine final income eligibility.

10. If the wage rate change results in the Share of Cost exceeding the cost of IHSS/PCSP services, CMIPS II shall produce a case event as defined in Paragraph 14.1.1, Case Event Management.

13 PROVIDER MANAGEMENT

The Provider Management function of CMIPS II shall allow the County Welfare Department (CWD) to capture, track, and manage Provider information. This component of CMIPS II shall include Identification (Provider Management), Provider Eligibility, New Employee Registry, and Provider Maintenance components.

1. CMIPS II shall capture, track, and display all data required for the user to perform the Provider Management business functions defined in the sub-paragraphs below.

2. CMIPS II shall accept corrections, changes, and deletions to all data in Provider records, as required by the Provider Management business functions.

13.1 Provider Identification

CMIPS II will maintain Provider information on current, past and registered Individual Providers. This information will be used to assist recipients in locating Individual Providers for employment.

1. CMIPS II shall capture, record and track Individual Providers who have successfully registered with the Public Authorities. This will be accomplished through the Public Authority interface described in Exhibit 6 SyRS-1, Interfaces.

2. CMIPS II shall have the online search capability described in Paragraph 10.1, Online Searches, to be utilized in the identification of potential Individual Providers.

13.2 Provider Eligibility

The Recipient selects and hires the Individual Provider, and notifies the CWD. CWD IHSS/PCSP staff verify the Individual Provider's eligibility and will enter the information in CMIPS II. CMIPS II shall capture, track, and display potential PCSP Eligibility for each Individual Provider pursuant to MPP 30-767.5 and DHS Regulation 51204.

1. CMIPS II shall capture, track, and display voluntary service information for each Individual Provider pursuant to MPP 30-763.64.

2. CMIPS II shall not authorize a payment for any voluntary services.

3. CMIPS II shall capture, record, track and display voluntary service information to include, at a minimum:
   a. Services to be performed
   b. Date of certification
   c. Recipient
   d. County
   e. Hours per service

4. CMIPS II shall accept cancellations to voluntary services. Cancellation of voluntary services constitutes a change in circumstances for the recipient. In most cases this requires a reassessment of the recipient.

5. Upon cancellation of voluntary services, CMIPS II shall provide the ability to enroll the volunteer as an Individual Provider pursuant to CDSS All-County Letter No. 00-28.

6. CMIPS II shall provide DHS with WPCS Provider demographic information as defined in Exhibit 6 SyRS-1, Interfaces.

7. CMIPS II shall track suspended ineligible provider status, the reason for suspension and the re-instatement date (if any).

8. CMIPS II shall not allow authorization for any excluded, suspended, or ineligible Provider, pursuant to ACL 97-007.

9. CMIPS II shall provide notification to the user when a provider that is being suspended is working on an active case(s).

13.3 New Employee Registry (NER)

In 1996, Congress enacted the Personal Responsibility and Work Opportunity Reconciliation Act, requiring all employers to report certain information on newly hired and rehired employees. The Federal requirement was implemented by California effective July 1, 1998. All California employers must report all their new or rehired employees who work in California to the New Employee Registry. The registry is used by State and Federal agencies to locate parents nationwide who are delinquent in their child support payments.

1. Upon initial enrollment and upon termination and reenrollment as an active Individual Provider for each Recipient, CMIPS II shall produce a Report of New Employees (DE 34) tape as defined by the Employment Development Department Information Sheet – Reporting New Employees and Independent Contractors (DE 231Y), and by the Employment Development Department Magnetic Media Reporting Requirements for New Employee Registry Program (DE 340).

2. CMIPS II shall timely and accurately report new employees (Individual Providers) to EDD pursuant to CA UIC 1088.5.

3. CMIPS II shall not produce a DE 34 file if there have been no new hires.

4. CMIPS II shall include both Individual Provider and Recipient information as defined by State regulations on the DE 34 tape.

13.4 Provider Maintenance

The Provider Maintenance function of CMIPS II shall encompass the ongoing maintenance processes, and allow the Provider to continue providing IHSS/PCSP services to a Recipient. The Provider Maintenance subcomponent shall include the following functions: Provider Appeals and Provider Terminations.

13.4.1   Provider Terminations

Provider terminations may occur for a variety of reasons, including Provider request, Recipient request, changes in circumstances, changes in eligibility, or denial of services.

On determination to terminate a Provider, CMIPS II shall allow CWD IHSS/PCSP staff to update the information and mark the case as ready for supervisory review. CMIPS II shall notify the Social Worker Supervisor of the need for review. The Social Worker Supervisor reviews the case record online, indicates necessary changes, or approves the case for Provider termination. CMIPS II shall notify the Social Worker of required actions.

Upon any change in Providers, CMIPS II shall proceed to the Final Determination process to re-determine PCSP or Residual IHSS eligibility.

1. CMIPS II shall capture, track, and display Provider terminations.

2. CMIPS II shall accept the reason for termination.

3. The user shall provide the ability to rescind terminations.

4. If the Provider termination results in no active Providers for the Recipient, CMIPS II shall generate an alert notifying the user.

5. If the Provider termination results in no active cases for the Provider, CMIPS II shall update the Provider status to inactive.

14 PROGRAM MANAGEMENT

The IHSS/PCSP Program is administered at the county level by CWDs and at the State level by the Disability and Adult Programs Division within the CDSS. The Program Management function of CMIPS II will provide tools for the CWDs and CDSS to manage Program information.

1. CMIPS II shall capture, track, and display all data required for the user to perform the Program Management business functions.

2. CMIPS II shall accept corrections, changes, and deletions to all data as required by the Program Management business functions.

14.1 County

The CWDs administer the IHSS/PCSP Program at the local level.

1. CMIPS II shall maintain county names, addresses, and phone numbers.

2. CMIPS II shall maintain district office information within each county.

3. CMIPS II shall maintain the district office address information for each specific office function.

4. CMIPS II shall assign and maintain multiple counties and district offices to user.

14.1.1 Case Event Management

There are events that occur during a case life cycle (including the referral) that require intervention from the Social Workers, the Social Worker Supervisors and others, including Homemaker Supervisors, and County Contractors. In order to facilitate prompt resolution of these events; a timely and efficient means of identification and reporting is necessary.

1. CMIPS II shall produce an event list for a user for a defined time period, based on their assigned caseload.

2. CMIPS II shall contain a case event list containing all events listed in this SyRS, including but not limited to:
   a. Recipient Events:
      i) When a referral is received by a data file
      ii) When a one-time only task has expired
      iii) When a Provider assignment has been on leave status for thirty (30) consecutive days
      iv) Upon request for homemaker services
      v) Paramedical Services authorization expired
      vi) Physician's Evaluation expired
      vii) For reassessment dates
      viii) When the Recipient has multiple Providers, for validation of prorated hours
      ix) Recipient's physical address change
      x) When the Recipient's address matches one of the Recipient's Provider's addresses
      xi) Recipient's birth date changes
      xii) Recipient turns eighteen (18)
      xiii) Recipient turns sixty-five (65)
      xiv) Recipient's Child turns fourteen (14)
      xv) Upon notification of death
      xvi) Invalid SSN
   b. Payroll Events:
      i) When an advance pay timesheet has not been received within the time frame defined by MPP 30-767.133(b)
      ii) When an EFT record is left on hold for a system configured period of time
      iii) When a timesheet is entered for a Provider with an active Workers' Compensation claim
      iv) When a wage rate change results in the Share of Cost exceeding the cost of IHSS/PCSP services
   c. Provider Events:
      i) Upon receipt of a Provider SSN error from DHS
      ii) Provider is determined to be a minor child and turns eighteen (18)
      iii) Provider has been on leave status for thirty (30) consecutive days
   d. Program Management:
      i) Upon receipt of County Contractor payroll data.

3. The number and type of Case events will be changed or modified throughout the life of the system. CMIPS II shall have flexibility to modify the events and distribution of the events included in the list as needed.

4. CMIPS II shall display the event list.

5. CMIPS II shall allow the user to optionally print the list or download to a file.

14.1.2   Case Authorization Management

CMIPS II shall facilitate effective monitoring of Social Worker activities and efficient authorization methods for Social Worker case activities including, but not limited to, approval and denials for IHSS/PCSP services. CMIPS II shall provide the Social Worker Supervisor (SWS) with the ability to list those case activities requiring supervisory review.

1. CMIPS II shall have the ability to display a pending authorization list for a specified user, for a selected time period to include their entire assigned caseload. This list shall contain pending authorizations for activities including, but not limited to:

   a. Recipient reassessment

   b. Recipient status changes

   c. Request for inter-county transfer.

2. CMIPS II shall provide an electronic approval mechanism for the user to review and approve the specific case activity.

3. CMIPS II shall accommodate multiple levels of approvals, i.e., Social Worker Supervisor approval required prior to Payroll Manager review and approval.

4. CMIPS II shall provide the user the ability to reject the request and notify the initiator of the request of the rejection and the reason for the rejection.

5. CMIPS II shall provide the user the ability to withdraw or cancel a request for action initiated before the approval is recorded/updated.

6. CMIPS II shall have the ability to restrict users from approving/disapproving their own requests.

7. CMIPS II shall allow for the temporary reassignment of the authorization role to accommodate absence of the permanent assignee (i.e., illness, vacation, etc.).

14.1.3   Caseload Reassignment

Whenever the CWD has a change in Social Workers, district offices, or caseload assignments, county supervisors or managers reassign cases in the system.

1. CMIPS II shall maintain caseloads by Social Worker, district office, and county.

2. CMIPS II shall accept caseload reassignment individually or in groups.

3. CMIPS II shall provide automated assistance for caseworker assignment.

4. CMIPS II shall accept caseload assignment and reassignment for an individual case or an entire caseload.

5. CMIPS II shall accept case reassignment between Social Workers, and district offices.

14.2 CDSS Standards and Evaluation

The Evaluation and Integrity Unit (EIU) reviews information from each county and assists the counties with their IHSS/PCSP Programs.

To conduct the review for each individual county, EIU staff obtain a random sampling of IHSS/PCSP cases. EIU staff review each case, conduct interviews with county staff, review reports, and compare county aggregate data to statewide data. EIU staff also visit each reviewed Recipient in his or her home and complete a needs assessment.

1. CMIPS II shall calculate and print needs assessment data for county evaluation purposes without evaluation calculations stored as part of individual case record.

2. CMIPS II shall extract random case record samplings for an individual county for purposes of county evaluations.

14.3 Accountability and Tracking

CMIPS II shall support verification that payments and deductions are processed correctly. CMIPS II shall accommodate audits by tracking all payments, deductions, and disbursements at both detail and summary levels.

1. CMIPS II shall have the ability to support the State in operating the program according the Generally Accepted Accounting Principles (GAAP) as defined by Financial Accounting Standards Board.

2. CMIPS II shall to support an external accounting audit.

3. CMIPS II shall validate and track payments to all external payees e.g., labor organizations back to individual withholding amounts.

4. CMIPS II shall have the ability to reconcile payments and deductions.

5. CMIPS II shall have the ability to setup and maintain accounts and entities for deduction and payment support.

14.3.1   General Ledger

In order for the system to support the department in operating in accordance with GAAP, general ledger functionality as described below is needed.

1. CMIPS II shall maintain general ledger accounts at the State, Program, and county levels.

2. CMIPS II shall track and account for the movement of funds between accounts.

3. CMIPS II shall process and report overpayment recovery transactions and credit the county's allocation after the funds are withheld.

4. When the collection is satisfied or closed, CMIPS II shall reallocate the collected funds to the county as a recovery adjustment.

5. CMIPS II shall capture, track, and report on reimbursement to Recipients for paying an IHSS Share of Cost greater than the Medi-Cal SOC and the "buyout" portion where the Medi-Cal SOC is greater than IHSS.

14.3.2 Funding Source Management

The funding source for each of the two (2) Programs: Residual and PCSP, is determined by a cost allocation among Federal, State, and county levels of participation.

The Adult Programs Fiscal and Administrative Unit maintains the percentage for level of participation among funding sources (Federal, State, county). The funding sources percentages for level of participation can change. When applicable, CDSS staff adjusts the counties' allocation of State funds for IHSS/PCSP services. These changes can include adjustments to the initial allocation, supplemental allocation, and funds advanced.

Personal Care Services Program (PCSP) is supported by Federal (Title XIX of the Social Security Act), Medicaid Act Regulations for Federal SSI program, State (General Funds) and County funds. As of January 2003: the Federal ratio for PCSP is 50 percent; the State ratio is 32 percent; the county ratio is 17 percent; and the Administrative Cost ratio is 70 percent State and 30 percent county. Overtime payments are allocated 100 percent to the county.

The In-Home Supportive Services Residual Program (IHSS Residual) is funded by state and county money only. It receives funds from the State general fund and Title XX of the Social Security Act through the Social Services Block Grant. As of January 2003 the non-Federal ratio for state is 65 percent; the ratio for county is 35 percent; and the Administrative Cost ratio is 70 percent State and 30 percent county. Overtime payments are allocated 100 percent to the county.

1. CMIPS II shall track and manage funding source allocations as defined by W&IC §12306, 12306.1, 12306.2, and 12306.21.

2. CMIPS II shall calculate and report paid hours by Program funding source level of participation: Federal, State, county; and by individual county or statewide; based on pre-approved and predefined percentages.

a. Funding Source historical data shall be maintained for reporting purposes.

b. CDSS or the Contractor after State approval shall update funding percentages as required by Federal, State, or county mandates.

3. CMIPS II shall have the ability to adjust funding source participation levels by county and by source.

4. CMIPS II shall contain sufficient data capture and reporting capability to support the State and county funding management process, pursuant to CDSS MPP 30-766.

5. CMIPS II shall make retroactive allocation percentage changes to funding sources. In the event of a retroactive adjustment, CMIPS II shall restate the funding source accounts.

14.3.3 Funding Management

Funding for payment of Provider services is divided between two Programs: Residual and PCSP. Funding is determined by criteria that include the level of impairment, the services authorized, and the relationship of the Provider to the Recipient. CMIPS II determines the funding based on the identified criteria and selects the appropriate IHSS Aid Code from the Residual and PCSP aid codes returned from the appropriate SAWS system. CMIPS II shall track and report payroll expenditures by funding (Residual or PCSP) source.

1. CMIPS II shall track and report on paid and authorized hours by Program Fund (PCSP and Residual) and by individual county or statewide.

2. CMIPS II shall associate every payment with the correct funding (Residual or PCSP) by type of pay and appropriate fiscal year.

14.3.3.1   *County Contractor Pay*

The contract agencies bill the county for hours worked for each IHSS/PCSP Recipient. The County Contractor sends an electronic file to the Contractor. The Contractor, utilizing the electronic file, updates CMIPS II for all services provided. On receipt of the file, CMIPS II shall notify the appropriate CWD that the billing information is ready for review. The CWD reviews the billing, resolves any rejected payroll records, and indicates approval for payment. CMIPS II shall generate a check request and appropriate reports for the county auditor. The County auditor issues payment to the County Contractor and sends the payment information to the CWD. CWD staff enters the payment information in CMIPS II.

1. CMIPS II shall accept payroll data from County Contractors as defined in Exhibit 6 SyRS-1, Interfaces.

2. Upon receipt of County Contractor payroll data, CMIPS II shall produce a case event as defined in Paragraph 14.1.1, Case Event Management.

3. CMIPS II shall validate the County Contractor payroll records and raise exceptions for any erroneous records including, but not limited to:
   a. Recipient not found
   b. Recipient not on County Contractor mode
   c. Reported hours in excess of authorized hours
   d. Recipient not authorized to receive services.

4. CMIPS II shall track exception records and display when the records have been corrected and resubmitted by the County Contractor.

5. CMIPS II shall accept adjustments to County Contractor invoices prior to a warrant being generated.

6. CMIPS II shall produce a printed request for payment for the county auditor/controller of approved payroll records.

7. CMIPS II shall reconcile the reported and paid information for each Recipient.

8. CMIPS II shall provide the County Contractor with reconciled and erred payment information as defined in Paragraph 18, Interfaces.

9. Upon a County Contractor rate change, CMIPS II shall retroactively calculate adjustments for contract cases where the invoice has already been submitted for the pay period.

10. CMIPS II shall process County Contractor rate adjustments with the subsequent invoice for the County Contractor.

14.3.3.2   *County Homemaker Pay*

Because Homemaker Providers are county employees, the actual generation of payroll warrants for Homemakers is a county function. However, CMIPS II must provide assistance to the State and Counties in the reconciliation process of hours worked by and hours paid to the Homemaker for providing IHSS services. The Homemaker provides services to the Recipient and enters in CMIPS II days worked and hours worked for each assigned Recipient. On completion of entry, CMIPS II shall send a notification to the Homemaker Supervisor who reviews the time entry. On supervisory approval of the time entry, CMIPS II shall produce a summary report for each Homemaker to be used for County, State and Federal funding reconciliation.

1. CMIPS II shall capture, track, and display Homemaker service hours worked separately from Arrears and Advanced Pay Payroll for Recipients who have selected the Homemaker Provider Mode of service.

2. CMIPS II shall validate that the total Homemaker hours entered do not exceed the Recipient's authorized hours for the Homemaker Mode of Service.

3. CMIPS II shall report the total Homemaker hours worked per recipient, per county, per month to assist Counties and CDSS in the funding reconciliation process.

14.4 Activity Tracking

The IHSS/PCSP Program is required to perform certain activities or actions within specified timeframes. In order to support this functionality, CMIPS II shall track the date on which specified actions occur to allow effective monitoring and management of Program compliance.

1. The actions to be tracked shall include:
    a. The date of application
    b. The date of Approval or Denial
    c. The date of mailing a Notice of Action, which must be at least ten (10) days prior to the action going into effect
    d. The date on which initial services were provided to the Recipient
    e. The date of completion of a needs assessment
    f. The dates of initiation and completion of an inter-county transfer
    g. The dates of receipt and acknowledgement of a written complaint
    h. The date of completion of the internal complaint review
    i. The date on which a timesheet is entered in the system.

15 FRAUD PREVENTION

As part of the goal to prevent fraud within programs administered by CDSS, CMIPS II shall provide deterrence, detection, and reporting of possible fraudulent activities. An employee, a Recipient, or a Provider could conduct possible fraudulent activities that may initiate an investigation. Some of the indicators may include inconsistent timesheet signatures, a Recipient or a Provider with active cases in multiple counties, inconsistencies between medical reports and the Recipient's needs, residency, a client authorized for services while absent from their home,

an Individual Provider subcontracting services, a Provider submitting a timesheet for a deceased Recipient, or overpayments based on inaccurate eligibility information.

1. CMIPS II shall accept corrections, changes, and deletions to all data in records, as required by the Fraud Prevention business functions.

2. CMIPS II shall capture, track, and report on multiple reports of forged warrants from the same Provider and/or Recipient.

3. CMIPS II shall track and report on multiple address changes for the same Provider and/or Recipient.

4. CMIPS II shall provide a comprehensive statistical profile of utilization patterns by Providers and Recipients in various categories of services authorized.

5. CMIPS II shall provide information which reveals and facilitates investigation of potential defects in the level of care provided.

6. CMIPS II shall support Fraud Investigators research.

15.1 Income Eligibility Verification System (IEVS) Wage Match

The CMIPS II system will create and send a monthly file to the IEVS at DHS of Provider wage payments for use in fraud investigations.

1. CMIPS II shall produce an IEVS Wage Match file.

2. CMIPS II shall aggregate wages for each Provider and report all wages as a single record for all Recipients.

3. The system Wage match file shall include the following Provider information:
   a. SSN
   b. Name
   c. Date Of Birth
   d. Gender
   e. Gross Monthly Earnings by paid date.

16 FORMS

1. CMIPS II shall produce all State identified recommended forms.

2. CMIPS II shall generate additional forms as identified by the Change Management Process defined in Section 6, SOW, Paragraph 3.2.5, Change Management.

3. CMIPS II shall generate and print user selected forms with available case data pre-populated by the system.

4. CMIPS II shall accept an on-line user request to print and/or reprint any supported form at a user-designated location that is supported by the system.

CDSS will coordinate the maintenance of all IHSS/PCSP forms supported by the system to ensure consistent data sets and data computations. A sample of the current forms available to IHSS/PCSP can be found in the Artifact 3 - Data Entry Forms, located in the Bidder's Library.

A listing of recommended new forms for CMIPS II is located in Artifact 5 - Recommended Forms, located in the Bidder's Library. The forms and information identified in Artifact 5 are provided only to assist the Contractor in proposing and developing a forms strategy. During requirements validation, all of the recommended forms and information needs to be verified and additional forms may be identified. All of the information provided is for informational purposes only and does not contain any system or Contractor requirements.

16.1 Daily Printing Process

IHSS/PCSP support staff will access CMIPS II daily to print jobs and distribute documents from the previous day's entries. This process shall remain available as well as an on-demand printing ability for screen prints or small reports.

16.2 Case Forms Generation

Prior to the Needs Assessment, the Social Worker reviews the case file and determines what forms will be required. CMIPS II shall allow for the Social Worker to request prints of all required case forms from the system.

1. Based on intake and eligibility data collected, CMIPS II shall generate a list of forms required for the Needs Assessment.

2. CMIPS II shall allow the user to select system-supported, mandated State and generic forms for printing.

3. CMIPS II shall require the user to select from the following packages of forms for the needs assessment process for a Recipient:
   a. All mandatory Needs Assessment forms
   b. All mandatory and optional Needs Assessment forms
   c. Individually select from all Needs Assessment forms.

16.3 Notice of Action (NOA)

The counties notify the Recipient of the number of authorized hours in each of the service categories. When the information changes, CMIPS II shall notify the Recipient of the change. NOAs must be sent at least 10 days prior to the effective date of the action. A comprehensive list of current NOAs can be found in the CMIPS User Manual located in the Bidder's Library.

1. CMIPS II shall produce NOAs.

2. CMIPS II shall have the ability to both batch print and immediately print the NOA.

3. CMIPS II shall track the date each NOA was generated pursuant to MPP 30-759.2.

4. CMIPS II shall produce all applicable NOAs pursuant to MPP 30-759.7 and W&IC §12300.2.

5. CMIPS II shall produce NOAs for the following reasons including but not limited to:
   a. Provisional Approval
   b. Approval, Status Eligible
   c. Approval, Income Eligible
   d. Denial
   e. Reassessment with no change
   f. Reassessment with changes
   g. Leave
   h. Termination
   i. Time Limited Approval
   j. Overpayments, pursuant to MPP 30-768.33
   k. Underpayments, pursuant to MPP 30-768.44
   l. Appeals hearings
   m. User Request
   n. Additional business needs
   o. Direct Deposit request processed.

6. All NOAs shall contain:
   a. All information required by MPP 30-763.81
   b. Header sentences specific to the type of action
   c. System-generated messages
   d. Additional user selected messages.

7. The overpayment NOA shall include, at a minimum, all information defined by MPP 30-768.341, 30-768.342, and 30-768.344.

8. The underpayment NOA shall include, at a minimum, all information defined by MPP 30-768.441, 30-768.442, 30-768.443, and 30-768.444.

9. CMIPS II shall support NOAs print in alternate languages as defined in Paragraph 7.8.1, Language Support.

16.4 Timesheets

Timesheets, when separated from the warrant and earnings statement, shall be of the correct size to insert into standard mailing envelopes without folding.

17 REPORTS

The Management Information component of CMIPS II shall produce the equivalent to all mandatory reports as defined in Artifact 6 – Reports, located in the Bidder's Library.

The Management Information component of the CMIPS II system shall support CDSS and CWDs in managing and controlling the IHSS/PCSP Program and to promote effective Program administration.

Specifically, the Management Information component, shall provide information for CDSS to monitor and evaluate county performance and the uniformity of assessments, as well as provide case documentation in terms of demographic characteristics, permanent file data, and a permanent audit trail. Additionally, the Management Information component shall provide CDSS with statewide assessment data to pursue service standards, monitor and control Program activities and expenditures, estimate the impact of Program changes, identify problem areas among counties, and accurately develop the IHSS/PCSP Program budget.

The Management Information component shall also provide management information that includes fiscal and statistical data on a case-by-case, worker-by-worker, office-by-office, county-by-county and statewide basis. This statistical data is reported for the total Program and is also sorted by Residual, PCSP, and WPCS funding. In some cases, CDSS shall be provided with a summary form of the total Program reports.

Detailed county-specific program reports shall be provided to counties containing their respective data to help them monitor and control the uniformity of assessments, as well as identify problem areas.

CMIPS II shall support ad hoc reporting requests from counties and other outside entities after the request is approved by CDSS. CMIPS II system shall support the addition of new reports. CDSS will coordinate all ad hoc report requests in such a manner as to identify new routine reports needed and facilitate future requests for "like" reports.

1. CMIPS II shall capture and track all data required for the system to produce all mandatory reports.

18 INTERFACES

The CMIPS II shall interface with county, State, Federal, and external agencies.

To provide effective communication in case management, eligibility, payroll, and accounting as described in Table 2, Interface Categories. CMIPS II shall support the data exchange for the specific interfaces, the interface partners and exchange frequencies detailed in Exhibit 6 SyRS-1, Interfaces.

Table 1. Interface Categories

INTERFACE AREA	DESCRIPTION
Accounting	Interfaces with external State agencies for the purpose of accounting Medi-Cal claims and Federal reporting
Case Management	Interfaces with other State agencies to coordinate client case management
County Contractor	Interfaces between County Contractor providing services and CMIPS II to provide payroll reconciliation
Eligibility	Interfaces with the State Automated Welfare Systems (SAWS) to determine income eligibility for potential and existing clients

INTERFACE AREA	DESCRIPTION
Payroll	Interfaces from and to CMIPS II to coordinate and communicate payroll data to effective manage Provider payroll
Tax	Interfaces with State and Federal agencies to provide information on Provider wage and tax withholding and Recipient tax contributions
Withholding	Interfaces to CMIPS II with information to withhold payroll deductions from Provider wages

In addition to the partners supported by the previous system, CMIPS II shall be required to have new additional interfaces with additional agencies, including but not limited to:

1. Public Authorities
2. Labor Organizations
3. State Compensation Insurance Fund

CMIPS II shall capture and track all data required for the system to produce all mandatory interfaces.

CMIPS II shall support security and data standards of interface partners.

19 INFORMATION GROUPINGS

1. A listing of system information needed by the user for the business functions is located in Artifact 7 - Information Groupings, located in the Bidder's Library. CMIPS II shall maintain all data elements required to support the business requirements.

2. The system design shall allow for the addition of new data elements, as required to support new legislative and/or regulatory reporting needs.